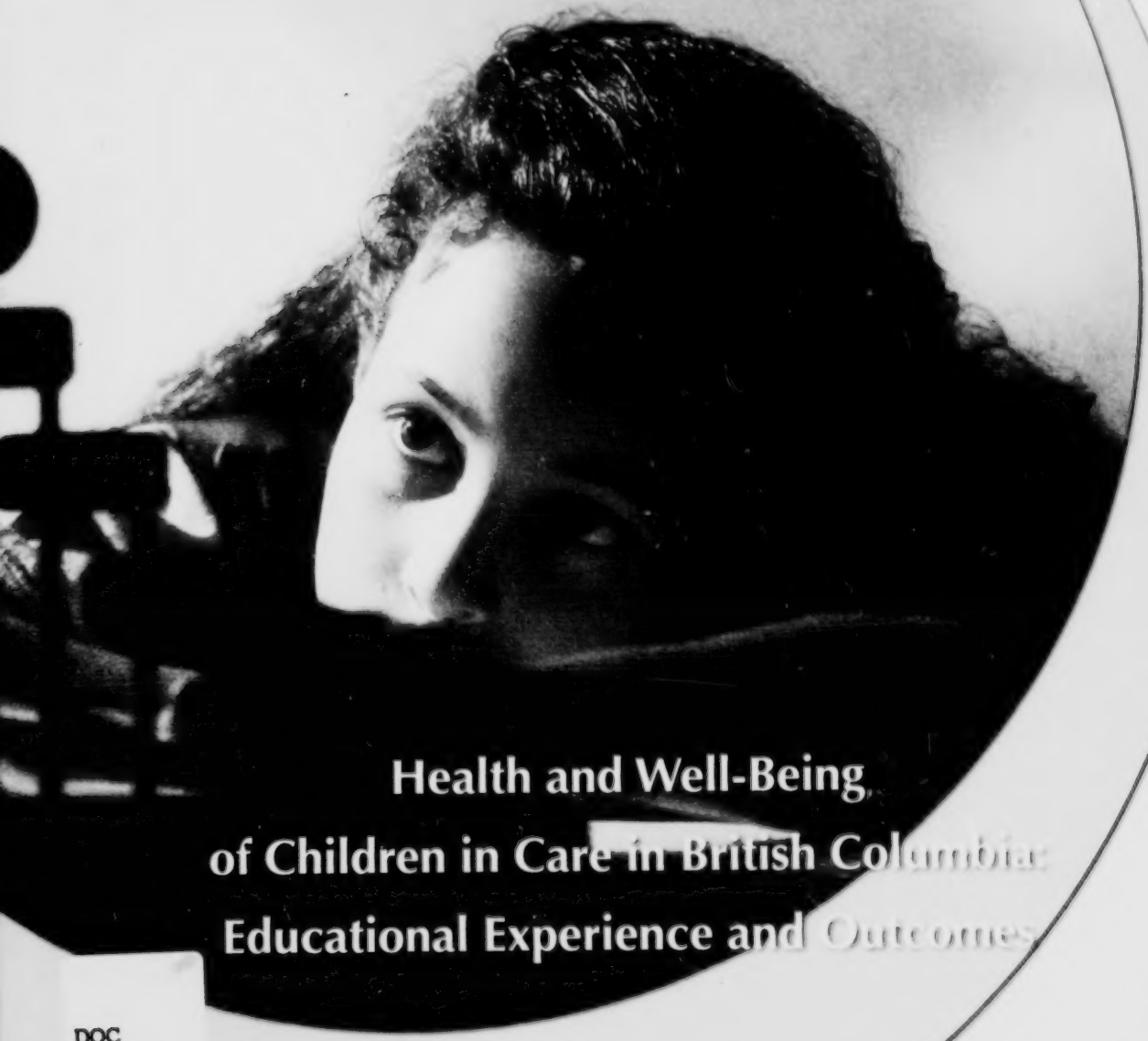
JOINT SPECIAL REPORT



Health and Well-Being of Children in Care in British Columbia: Educational Experience and Outcomes

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May 2017

Katherine Whittred, MLA
Chair of the Select Standing Committee on Children and Youth
Province of British Columbia
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Chair,

I have prepared, jointly with Dr. Perry Kendall, the Provincial Health Officer, this special report entitled Health and Well-Being of Children in Care in British Columbia: Educational Experience and Outcomes. The Provincial Health Officer has the responsibility, under the *Health Act*, to provide independent advice on health issues and report to British Columbians on the health of the provincial population. The Representative for Children and Youth has the responsibility for overseeing the provincially funded agencies responsible for delivering services and programs to children, youth and their families across B.C. under the *Representative for Children and Youth Act*.

This joint special report is the second of a planned series arising from an initiative that the Child and Youth Officer and the Provincial Health Officer began in 2005. The aim of the initiative is to use routinely collected, cross-ministerial administrative data to better understand health and well-being outcomes for the population of children and youth who are currently or have been in government care. The Provincial Health Officer and I have made nine joint recommendations in this report on how to improve educational outcomes for children in care, drawing from both the data in the report and other work that has been done in this area.

Mary Ellen Turpel-Lafond

cc. Kate Ryan-Lloyd, Clerk of the Committee
Members of the Select Standing Committee on Children and Youth

Acknowledgments

We would like to acknowledge the contributions of Robert McPhee, project manager and researcher, and Michael Egilson, co-researcher, for their work on this report. We would also like to thank Barry Anderson, Gerald Morton and Brent Munro from the Ministry of Education, Christa Williams from the First Nations Education Steering Committee, and Bill Warburton from the Human Early Learning Partnership (HELP) at the University of British Columbia, for reviewing the draft and providing valuable comments.

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Executive Summary

Nurturing the learning path of a child is a special role parents assume along with society. We want our children to do well, to achieve key milestones in their development and to have hopes, dreams and opportunities to embrace learning throughout their young lives. Children, too, embrace learning with a natural enthusiasm, and a hallmark of civil society is rising to support infant development and education through various public systems, including pre-school, elementary, middle and secondary schools, health care and other dedicated supports. Post-secondary institutions for education and training are the capstones in the education process, and a knowledge-based economy supports the learning path of children into adulthood so that they can contribute more widely to the success of society and to reach their goals.

Like all children, children in the care of the government have hopes, dreams and aspirations; many have the resilience to overcome the obstacles they face and to live happy and healthy lives. However, children in care are known to have generally poorer outcomes than children who have never been in care. As the guardian of these children (through the Director under the *Child, Family and Community Service Act*), government has a special responsibility to develop strategies to improve these outcomes. In order to assess government's progress in improving outcomes, we need to develop a better understanding of what those outcomes are and establish a baseline against which to measure progress.

This report is the second in a planned series of four joint special reports on the health and well-being of children in care in British Columbia. The Representative for Children and Youth is working in partnership with the Provincial Health Officer on this initiative, which was begun as a joint initiative of the former Child and Youth Officer and the Provincial Health Officer.

The purpose of the initiative is to further our understanding of outcomes for children and youth in care by linking government-funded service utilization data over time. The initiative looks at data from administrative databases on services provided for children and youth in care in the following areas:

- health services utilization and mortality
- experience within the education system

- employment and income assistance services utilization, and
- encounters with the criminal justice system.

The first report in the series, released in September 2006, presented data on health services utilization and mortality. Building on the first report, as well as on previous work completed by the Child and Youth Officer on the educational attainment of children in care, this second report looks at the educational experiences and outcomes of children in care, and provides a means for tracking their educational outcomes on an ongoing basis. Educational attainment is associated with almost every measure of population health and well-being – which is why education is such an important building block for children in care if their hopes, dreams and aspirations are to be realized.

What the data showed

The report looks at 32,186 school-aged children who had been in the care of the Ministry of Children and Family Development between April 1, 1997 and November 1, 2005. This includes children in both continuing and temporary care. (In continuing care, as distinguished from temporary care, the government is sole guardian of the child.) The comparison population was drawn from 1.5 million students in the school system from the school years 1991/92 to 2005/06.

We found that a higher percentage of children in care are Aboriginal than are recorded by the Ministry of Children and Family Development: combining the Aboriginal identifiers from the Ministry of Children and Family Development and the Ministry of Education raised the percentage of Aboriginal children in the study who had been in care from 32.8% (the figure we used in the first report) to 43.9%. Based on this figure, approximately one in seven Aboriginal children aged 6–18 in October 2005 had been in care at some point in his or her life, compared with less than one in 50 non-Aboriginal children.

More than 51% of children in care were identified by the Ministry of Education as having special needs, compared with 8.4% of children who had never been in care. By age 16, 74% of males in care had been identified as having special needs, compared with 47% of females. Most of those special needs are related to intensive behavioural or serious mental health issues.

Children in care changed schools more frequently than children who have never been in care: by age 18, children in care have been in an average of almost 6.6 different schools, while 18-year-olds from the general population have been in an average of less than four schools. Research has linked frequent school moves – school mobility – with poorer educational outcomes.

Very few children in care graduate from high school: an estimated 21% of children in care graduated from high school within six years of enrolment in Grade 8, compared with 78% of the general population. There is a general perception that children in care are dealing with many special needs and as a result struggle in school. Although that is certainly true, even those children in care without special needs struggle in the education system, as only 34% of children in care without special needs graduate from high school.

Graduation from high school is generally regarded as the definitive measure of a child's success in school. With so few children in care graduating from high school, we looked at the performance levels of children in care at Kindergarten, Grade 4, Grade 7, and Grade 12 to determine how well they were doing in comparison to the general population. We found a consistent and predictable pattern, in which children in care arrive in school on average much less prepared to learn, fall further behind as they progress through school, and never recover to meet their graduation requirements:

- Children in care are two to three times more likely to be vulnerable than children in the general population in the five domains of the Early Development Instrument (physical health and well-being, social competence, emotional maturity, language and cognitive development, and communications and general knowledge).
- Children are considered to be not school-ready if they are vulnerable in at least one of the domains. More than twice as many children in care as children in the general population are not school-ready.
- The Foundation Skills Assessment (FSA), administered in grades 4 and 7, shows how well children are doing in acquiring reading, writing and numeracy skills over time. FSA results show that the majority of children in care do not acquire the fundamental reading, writing and numeracy skills to meet the demands of high school. The percentage of children in care who meet or exceed the provincial standard is approximately 30 percentage points below the general population for reading, writing and numeracy in both Grade 4 and Grade 7. We also found that, increasingly,

vulnerable groups such as Aboriginal children and children in care are not being assessed through the FSA.

- Over half (55%) of children in care will not make it to Grade 12. Those who do are much less likely to take courses with provincial exams (i.e., courses in the academic stream). Those who write Grade 12 provincial exams have pass rates two to 12 percentage points below those of children in the general population.

Further, we found that the children in care who graduated from high school had grade point averages about a third to a half point (about one letter grade) below the general population. Few graduated in the academic stream – only 7% of children in care were eligible for an academic grade point average, compared with 39% of the general population – and were eligible for post-secondary educational opportunities. The limited information available suggests that very few former children in care arrive in post-secondary programs; however, those who do appear to succeed, completing their programs of choice.

We also compared the educational outcomes of various sub-groups of children in care:

- Children in temporary care appear to fare as poorly as children in continuing care.
- Aboriginal children in care have poorer educational outcomes than non-Aboriginal children in care and non-Aboriginal children with special needs.
- Male children in care have substantially poorer graduation rates than females in care and are more likely to be identified as having special needs.
- Children in care who are not identified as having any special needs still graduate only about a third of the time.

Finally, in order to understand how well children in care transition through the school system, we selected a cohort of Grade 1 students from 1991/92 and followed them through Grade 12. We found that children in care transitioned from grade to grade at just slightly below the provincial average for all of their elementary and middle school years; however, by Grade 9 the gap widened significantly, and by Grade 12, 48% of children in care were a grade or more behind in the school system, compared with only 14% of the general population. We also found that the drop-out and mobility rate for children in care in the cohort was below the general population rate until they reached

the age of 16, when a significant number of children in care appeared to drop out. We estimate that 78% of the cohort achieved their Dogwood Certificate within six years of arriving in Grade 8. However, only 20% of children in care graduated from high school within this timeframe: in other words, 80% of children in care did not complete high school, in contrast with 22% of students in the general population.

Improving outcomes

When a child is taken into care, the government assumes the role of the parent to ensure the safety and well-being of this child. Although ensuring the safety of a child is of paramount importance, it is not synonymous with ensuring the well-being of a child. Justice Hughes (2006) points out that "Safety is about protection from abuse and neglect. Well-being is about a child's social, educational, and developmental progress" (p. 75). The government as parent then should also be concerned with ensuring that children in its care achieve their maximum potential.

As we note in the introduction to this report, parents want their children to be healthy and well educated, and to grow up to have happy and healthy lives. They want their children to stay out of jail, to get a job and to avoid the welfare system. The United Nations *Convention on the Rights of the Child* (UNICEF, 2005) asserts that it is the right of the child to have its education directed towards "the development of the child's personality, talents and mental and physical abilities to their fullest potential" (p. 15).

However, a child who is taken into care at any point in his or her life will probably not graduate from high school. We found that more than half of children in care were not school-ready upon entering Kindergarten. Over half of children in care did not meet provincial standards for reading and numeracy skills in grades 4 and 7. This is a tragedy that calls out for immediate and systemic action.

The Representative for Children and Youth will be convening a special children's forum in 2008 and will invite the child-serving ministries to respond to the recommendations below or identify other strategies currently in place to address the educational gaps for children in care.

Recommendations

1

For the Ministry of Children and Family Development

The Ministry of Children and Family Development should:

1) By September 2007, know the number of school-aged children who are, or who have been, in care and the school districts in which these children are enrolled;

2) Immediately begin the process of collecting personal education numbers for every child in care to allow tracking and planning the educational progress of each child at an individual level;

3) By October 2007, using aggregate data, begin publicly reporting on the educational attainment levels of children in its care on an annual basis;

4) By October 2008, report on changes in educational attainment of the above children, and the educational attainment of children newly taken into care.

2

For the Ministry of Education

Implement the Early Development Instrument for every child in British Columbia at initial school entry, whether in Kindergarten or Grade 1.

3

For the Ministry of Education

Assess all children in the province on their reading, writing and numeracy skills.

Report Foundation Skills Assessment results for the total number of children at grade level, not just for those who wrote the assessment.

4

For the Ministry of Children and Family Development, the Ministry of Education and the Ministry of Health

Assess the adequacy and effectiveness of resources dedicated to the special needs of children in care using a framework developed in conjunction with the Representative for Children and Youth.

Report back on the results of this audit/evaluation to the Representative for Children and Youth by June 30, 2008.

5 **For the Ministry of Education, School Districts and the Ministry of Children and Family Development**

Ministry of Education: When a child in care moves from one school to another, inform the Ministry of Children and Family Development within 24 hours.

Ministry of Children and Family Development: Reduce the number of school moves for children in care.

Mitigate the adverse effects of school moves by working with the sending and receiving schools when school moves are unavoidable, so that the child is supported and assisted in the new school.

6 **For the Ministry of Children and Family Development and the Ministry of Education**

Ministry of Children and Family Development: Take the lead in ensuring that a common education plan is jointly developed with the Ministry of Education for each child in care, with care providers, family members and relevant support professionals involved in the planning process, including specific supports and accountability for these services.

Establish a monitoring mechanism to ensure that each child's plan is reviewed at least twice during the school year.

Establish a protocol between the two ministries to ensure that report cards for all children in care are sent to the Ministry of Children and Family Development, and that the Ministry of Children and Family Development follows up with schools as required to ensure that all the children in its care are meeting targets and expectations, and where they are not, make account for these gaps in a systemic annual review.

7 **For senior policy-makers in the Ministry of Education, school boards and the Ministry of Children and Family Development, and Aboriginal communities**

Devise a strategy using the enhancement agreement that takes into account the high number of Aboriginal children who have been in care that will:

1) identify problem areas that need to be addressed for Aboriginal children in care specifically
2) develop an action plan to address these problems, and
3) set out specific targets that will be measurably improved within five years.

These targets should include a higher graduation rate and a higher percentage of Aboriginal children in care with grade level reading, writing and numeracy skills.

For the Ministry of Children and Family Development, the Ministry of Education, the Ministry of Advanced Education and post-secondary institutions

Ministry of Children and Family Development: Provide financial and other supports for youth leaving continuing care at age 19 to assist with ongoing education, training, upgrading and life skills development.

Ministry of Advanced Education: Work with the Ministry of Children and Family Development, the Ministry of Education and post-secondary educational institutions to reach out, attract and mentor youth from care to increase the number of youth both attending and successfully completing post-secondary educational programs.

For the Ministry of Education

Pilot and evaluate a number of innovative programs to support better educational outcomes for children in care and other vulnerable children.

1. Introduction

This is the second in a planned series of four joint special reports on the health and well-being of children in care in British Columbia. The Representative for Children and Youth is working in partnership with the Provincial Health Officer on this initiative, which was begun as a joint initiative of the former Child and Youth Officer and the Provincial Health Officer.

The purpose of the initiative is to further our understanding of outcomes for children and youth in care by linking government-funded service utilization data over time. Specifically, the initiative aims to:

- describe the health and social well-being of children in government care using currently available and accessible government data
- develop a baseline from which to observe changes in government-funded service utilization and other indications of outcomes over time, including what happens to children and youth after leaving care
- raise issues for further research and consideration
- make recommendations to improve outcomes for children in care, based on the data and on the work of the Representative for Children and Youth and the Provincial Health Officer, and
- through the experience gained in these activities, inform the development of a plan for the ongoing monitoring of health and well-being of children and youth in British Columbia, including but not restricted to children who are or have been in care.

The initiative looks at data from administrative databases on services provided for children and youth in care in the following areas:

- health services utilization and mortality
- experience within the education system
- employment and income assistance services utilization, and
- encounters with the criminal justice system.

The first report in the series, released in September 2006, presented data on the first two areas, health services utilization and mortality. Building on the first report, as well as on previous work completed by the Child and Youth Officer on the educational attainment of children in care, this second report looks at

the educational experiences and outcomes of children in care, and provides a means for tracking their educational outcomes on an ongoing basis. On completion of reports on the data in each of the other areas, we intend to explore correlations of outcome measurements across ministries.

An important part of monitoring government services for children is tracking both change over time and government's response to recommendations made through reports like this one. The Representative for Children and Youth will be convening a special children's forum and inviting the child-serving ministries to respond to their role in implementing the recommendations made in these reports.

Why look at educational outcomes of children in care?

In the first report, it was noted that like all children, children in the care of government have hopes, dreams and aspirations. Educational attainment is associated with almost every measure of population health and well-being – which is why education is such an important building block for children in care if those hopes, dreams and aspirations are to be realized.

Children in care are known to have generally poorer health and well-being outcomes than the general population. For many, the reasons they came into care in the first place put them at higher risk for poorer outcomes. Children in care are more likely than children in the general population to come from economically and socially disadvantaged backgrounds. Their coming into care may have been precipitated by parental neglect or abuse, or medical conditions or disabilities their parents were unable to cope with. Whatever the reasons children come into care, the government as guardian of these children (through the Director under the *Child, Family and Community Service Act*) has a responsibility to support and nurture them to ensure that each child is given the opportunity to develop his or her abilities – as any reasonable parent would.

Any reasonable parent wants to make sure that his or her children are doing as well as can be expected. Parents want their children to be healthy and well educated, and to grow up to have happy and healthy lives. They want their children to stay out of jail, to get a job and to avoid the welfare system. For this reason, parents monitor their children's health, ask them to bring home

their report cards so they can see how they are doing in school, and try to ensure that they stay out of trouble so they do not end up involved with the legal system.

Although the Ministry of Education publishes extensive information on children's experience and achievements within the school system, we do not have comparable information on the educational experience for children in care. There is no yearly report card on the educational outcomes of children in care. We know their outcomes are different from those of the general population, but we do not know *how* different. However, in order to construct evidence-based policy and services that support the best possible outcomes for children in care, it is essential to know how children in care are performing within the educational system.

Youth who drop out before completing high school are less healthy and have poorer family functioning than those who graduate, and are more than twice as likely to end up in jail and more than five times as likely to receive income assistance.

The benefits of education: What the research tells us

Canadian research has shown that youth who drop out before completing high school are less healthy and have poorer family functioning than do those who graduate, and are more than twice as likely to end up in jail and more than five times as likely to receive income assistance. People who graduate also experience more employment stability and higher incomes and experience more opportunities for lifelong learning than those who drop out. Education is also associated with longer life expectancy. Finally, as our economy becomes more knowledge-based, those who do not complete high school will have fewer opportunities to participate and will likely experience chronic underemployment and lower-paying employment with little opportunity for career advancement for the bulk of their working lives.

According to a Canada-specific briefing note based on the annual report of the Organization for Economic Co-operation and Development (OECD), *Education at a Glance 2006*, only 57% of Canadian adults aged 25 to 64 with less than high school graduation were employed in 2004, compared with 77% of those with high school or post-secondary education. The report also points out that even for those who are employed, graduating from high school "yields a premium in terms of one's earnings in addition to better employment prospects" (p.5). Wages of Canadian adults aged 25 to 64 with less than high school graduation were 22% lower than those of high school graduates. Many other studies have found that the returns from schooling are much higher for high school graduates than for those without (Belzel & Hansen, 1999).

People with less than high school graduation are also more affected by economic downturns (Marcotte, 1999) and benefit less from economic upturns. The OECD briefing note reports that high school drop-outs benefit less from economic expansion, and notes that "while unemployment rates have decreased since 1995 for all levels of educational attainment, the decrease in unemployment rate has been steeper for individuals with 'at least high school graduation' than for those without – by 2.6 and 1.3 percentage points respectively" (2000, p. 3). The report adds that there are also fewer training opportunities for those with less than high school graduation over their lifetime, which means that they have less of a chance to participate in the knowledge-based economy.

In Canada, not graduating from high school is also associated with poorer health outcomes, increased risk of incarceration and more time spent on income assistance (Ungerleider & Burns, 2004). Summing up a report by the Federal, Provincial and Territorial Advisory Committee on Population Health in 1999, Ungerleider and Burns (2004) note that people with low levels of education suffer poorer health and well-being. Compared with non-graduates, high school graduates:

- use preventive medical services 11% more frequently
- make 2% fewer multiple visits to doctors
- have 23% better knowledge of health behaviours
- have 13% better general health status
- have 26% better family functioning.

Ungerleider and Burns (2004) also note that non-graduates from high school are much more likely to be jailed than graduates; non-graduates represent 54% of the population but make up 76% of the prison population. In addition, most income assistance (85%) is spent on people who have not completed high school: 33.6% of those who do not graduate from high school receive income assistance, compared with 6.7% of those who graduate.

In addition to the personal (private) benefits of education, there are also social (public) benefits derived by province. These take the form of innovation, knowledge creation, economic growth, increased citizen participation (e.g., volunteerism, charitable giving, voting), increased population health and lower crime (OECD, 1998).

When compared internationally, Canadian students perform well in reading, math and science assessments, and British Columbian students score above the Canadian averages (Bussiere, 2004). Unfortunately, there is a considerable gap between the school performance of children in care and children who have never been in government care. This suggests that, overall, the Canadian and British Columbia school systems appear to be working quite well for most students; however, in general, children in care will require more support if they are to reap the same benefits of the educational system as children who have never been in care.

An overview of British Columbia's school system

The Kindergarten to Grade 12 school system in British Columbia includes both public and independent schools, as well as the federal government-funded First Nations schools on reserves. In 2005/06 there were 60 public school districts throughout the province that administered 1,662 schools under the School Act and 355 independent schools administered under the *Independent Schools Act*. In 2003/04 there were 85 First Nations schools.[1]

In 2005/06, there were 760,509 school-aged children (5–19 years old) in British Columbia. In 2005/06, there were 665,641 enrolled school-aged children and adult students working towards a certificate of graduation.[2] Of these, 599,505 attended public

Figure 1: K–12 schools in British Columbia, 2005/06

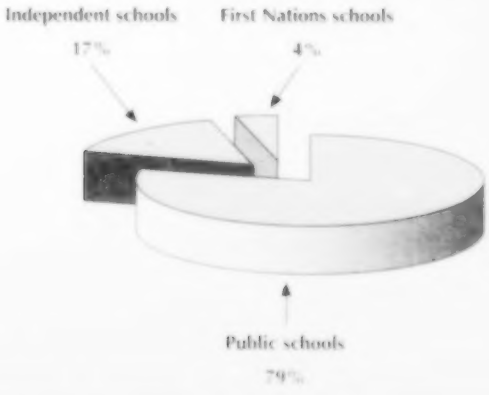
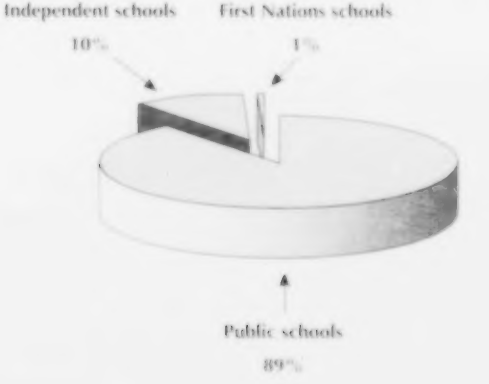


Figure 2: K–12 students in British Columbia, 2005/06



[1] In total there were 129 First Nations schools, but 42 of them either provided services for four-year-old Kindergarten (K) children or had fewer than five full-time equivalent school-aged students.

[2] This includes the 3,632 students in 17 schools administered by the Francophone Education Authority, which is part of the public school system.

schools and 66,136 attended independent schools. Additionally, there were approximately 4,200 students attending First Nations schools (2005/04).

In 1996/97, independent schools accounted for just over 8% of the student population in British Columbia; by 2005/06, this number had increased to almost 10%.

The K–12 program is delivered through a number of educational settings.[1] Overall, in 2005/06 almost 95% of students attended standard or regular schools for their education. In contrast, 87% of children in care attended regular schools. Children in care accounted for 15% of students attending alternative schools.

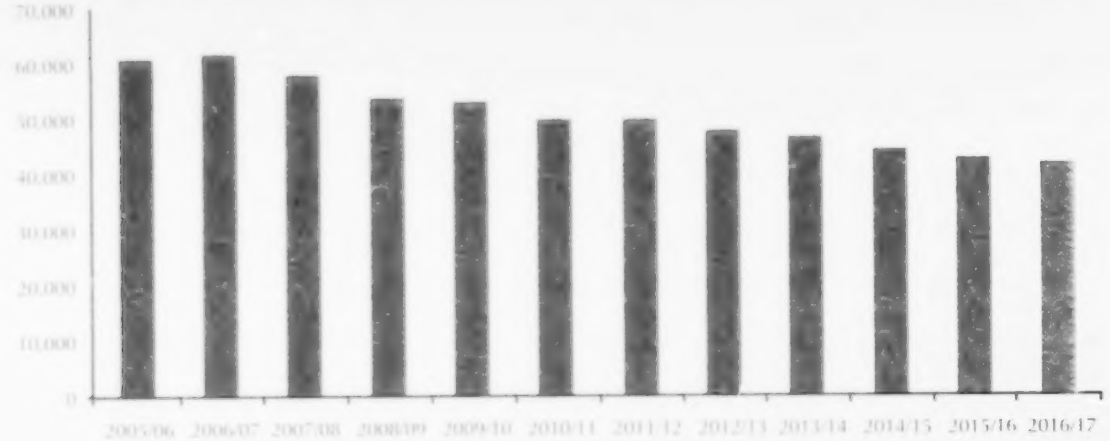
By 2016/17, there will be one-third fewer students in Grade 12 than in 2006/07. This will have a dramatic effect not only on the public system but also on the post-secondary education system, as there will be a third fewer students to draw from. This drop in the number of children entering the school system should also be represented in the number of children the ministry takes into care in the future. There should be a corresponding downward trend in the number of children taken into care, irrespective of any policy changes that are made by the Ministry of Children and Family Development.

Table 1: Educational settings in British Columbia, 2005/06

School type	Public schools		Independent schools		Children in care	
	# of students	% of students	# of students	% of students	# of students	% of students
Standard (regular) school	563,771	94.0%	63,946	96.7%	14,898	87.1%
Alternative program/school	10,849	1.8%	0	0.0%	1,363	8.0%
Continuing Education Centre	14,300	2.4%	0	0.0%	352	2.1%
Distance education	1,949	0.3%	0	0.0%	71	0.4%
Provincial Resource Program	206	0.0%	0	0.0%	55	0.3%
Distributed learning	8,134	1.4%	2,190	3.3%	293	1.7%
Youth custody	94	0.0%	0	0.0%	66	0.4%
	599,303	**100.0%**	**66,136**	**100.0%**	**17,100**	**100%**

The Ministry of Education does not include home schooling in its calculations. In 2005/06 there were 2,721 registered home-schooled children in British Columbia. This number has steadily declined since 1996/97, when there were almost 4,300 home-schooled children.

Figure 3: Projected number of Grade 12 students



Interaction between the Ministry of Children and Family Development and the Ministry of Education

The Ministry of Children and Family Development direction for educational planning for children in care is found in sections 6 and 8 of the *Child Family and Community Services Act Regulation*, standards 11 and 16 of the Ministry of Children and Family Development *Children in Care Service Standards*, and related ministry policy.

Section 6 of the *Child Family and Community Services Act Regulation* states that children in care require a written plan of care. Section 8 specifies that the plan must provide a description of how the child's need for continuity in his or her education will be met, as well as a description of any outstanding needs the child has that have not been resolved, and a plan for resolving them.

The Ministry of Children and Family Development standards state that within six months of coming into care, a full assessment and written plan, which promotes the child's well-being and best possible outcomes with respect to his or her educational and intellectual development, must be completed.

The planning format required for children in continuing care and children in temporary care differs, although both formats require documentation of the type of school the child attends, the grade, whether the child has any special needs, whether the child has an individual education plan (IEP), whether any

educational assessments have been done, and a plan that identifies the child's educational needs and describes the services to be provided to meet the child's needs.

The Ministry of Children and Family Development policy places responsibility on the ministry for completing the planning. However, in practice there is some variation in who actually completes the planning document: sometimes the ministry social worker completes the plan and sometimes the social worker asks the foster parent to complete it.

In 2001, the last year the Children's Commission reviewed Ministry of Children and Family Development plans of care, 45% of the care plans were current by ministry standards, and of those, 61% met ministry requirements with respect to educational planning.

The Ministry of Children and Family Development standards also require that when young people leave care because they are reaching the age of majority, they be assisted in securing funding for post-secondary education or training. This is part of an approach intended to promote resiliency and skills for successful community living. The ministry has set up a Youth Education Assistance Fund (YEAF), administered by the Ministry of Advanced Education, to assist youth in attending education and training programs after the age of 19. Additional educational funding specific to youth in care outside YEAF is also available through the National Youth in Care Network (Ken Dryden Scholarship), the Public Guardian and Trustee of BC, and the BC Federation of Foster Parent Associations.

2. The Data: Educational Experience and Outcomes

Highlights

- *Our study population consisted of 32,186 school-aged children who had been in the care of the Ministry of Children and Family Development at some point between April 1, 1997 and November 1, 2005.*
- *Our comparison population was drawn from 1.5 million students in the school system from 1991/92 to 2005/06.*
- *Data for the study was provided by the Ministry of Children and Family Development, the Ministry of Education, and Human Early Learning Partnership (HELP) at the University of British Columbia.*
- *Different parts of the study refer to different time periods, as dictated by data availability:*
  - *analysis relating to children with special needs is based on data from 1996/97 to 2005/06*
  - *analysis relating to the Early Development Instrument (EDI), a population-based tool for assessing the state of child development at Kindergarten age, is based on data from 2000 to 2005/06, and*
  - *analysis relating to the Grade 1 cohort is based on data from 1991/92 to 2005/06.*

Our study population consisted of 32,186 school-aged children who had been in the care of the Ministry of Children and Family Development between April 1, 1997 and November 1, 2005. Of these school-aged children, 21,775 were in temporary care and 10,411 were in continuing care. The study population of children in care was evenly split along gender lines, with 50% of the children male and 50% female. The analysis in this report focuses on children in both continuing and temporary care. Children in continuing care will have spent a significant amount of time in care, so it is reasonable to assume that the time they spent in care has contributed significantly to their life experience. Children in temporary care provide both a comparison group for children in continuing care and a look at how vulnerable children experience the education system.

Our comparison population was drawn from 1.5 million students in the school system from the school years 1991/92 to 2005/06. Any references to the general population or provincial population that follow refer to all school-aged children in the province of British Columbia who have never been in care.

Ministry of Children and Family Development data

The Child and Youth Officer requested information from the Ministry of Children and Family Development about children who were in care between April 1, 1997 and November 1, 2005. The ministry provided data that included the dates that children were in care; their legal status, gender and birth date; and a flag indicating whether they identified as Aboriginal.

Educational data

The Ministry of Education provided us with data from the school years 1991/92 to 2005/06. The data contained information on the schools; assessments of reading, writing and numeracy at different grade points; special needs; courses; provincial exam marks; course marks; graduation outcomes; and grade point averages of students. We were also able to examine the characteristics of Aboriginal children in the school system using the ministry's Aboriginal identifier.

The Ministry of Education has individual data on students with special needs beginning in the school year 1996/97. At that time, a policy change was enacted that required school districts to report on a limited number of special needs categories of individuals. In 1999/2000, a further policy change was implemented that required school districts to report on all special needs categories on an individual basis. Although this information had previously been collected by the school districts, it had not been reported back to the Ministry of Education except at an aggregate level.

As a result, we saw dramatic shifts in the special needs category reporting in 1999/2000. It must be emphasized that this was not indicative of many more children being identified with special needs, but was rather a function of reporting. In addition, we are unable to comment on the special needs of children in care in the school system before 1996/97. When we are examining the special needs of children in care and the general population in the school system, the timeframe for our study must therefore change to the period from 1996/97 to 2005/06.

Continuing care means the government is the sole guardian of a child with all the rights, duties and responsibilities of a parent and has the right to consent to the adoption of the child. (The Public Guardian and Trustee becomes the guardian of the child's estate.) Continuing care doesn't usually end until the child turns 19 or is adopted.

Temporary care means the government has custody of the child on a time-limited basis and unless limited by the court carries out the responsibilities of a guardian except the right to consent to an adoption.

Early Development Instrument data

The Human Early Learning Partnership (HELP) at the University of British Columbia provided us with individual Early Development Instrument (EDI) data on Kindergarten students in British Columbia. *The British Columbia Atlas of Child Development* (Kershaw, Irwin, Trafford, & Hertzman, 2005) notes that the EDI "was designed as a population-based tool for assessing the state of child development at Kindergarten age that would be useful for communities and senior governments in their social planning" (p. 6).

The EDI was developed in the 1990s by Magdalena Janus and Dan Offord at McMaster University, and assesses children on five different measures of development: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge.

British Columbia is the first province in Canada to implement the EDI province-wide. Dr. Clyde Hertzman and HELP at the University of British Columbia have been pivotal in the adoption of this important instrument in British Columbia. The EDI is currently administered on a sample basis in British Columbia: in any one year, only part of the province is sampled and assessed. Kindergarten teachers began to collect EDI data in 1999/2000. As of March 2004, all 60 school districts in the province had collected EDI data. A second wave of sampling began in 2005 and is expected to be completed in 2007. The EDI can be and has been used since 2000 in the British Columbia context to "examine populations of children to help communities assess how well they are doing in supporting young children and their families. Previously, there was no way to monitor early child development or to understand how local circumstances could be changed to improve the life chances of children" (Human Early Learning Partnership, 2004, p. 1). The EDI provides us with a proven instrument to determine whether children in care are more vulnerable than the general population at an early age.

2.1 The Children in Care Population

This report represents an attempt to understand the educational experience and outcomes of children in care as a group, in the context of the British Columbia educational system. These children may have been in care before, after or when we measured certain of their characteristics.

We have looked closely at:

- the percentage of children in care who are Aboriginal
- the percentage with special needs and the composition of those special needs, and
- the average number of schools they attended.

We have also estimated the graduation rate for children in care and traced their journey through school from Kindergarten to Grade 12. We looked at children in care at Kindergarten, Grade 4, Grade 7, and Grade 12 to measure their success within the school system. We also examined their mix of courses in Grade 12 to determine what portion of those graduating were likely to go on to post-secondary studies.

Finally, we followed a cohort of Grade 1 children enrolled in the school year 1991/92 through the educational system to find out how they transitioned from grade to grade, the number of years they spent in school, the percentage who graduated, the percentage who did not complete high school, and the distribution of their highest grade attained.

The Ministry of Children and Family Development and the Ministry of Education use essentially the same definition of *Aboriginal* in their data. (The complete definitions are included in the glossary.)

Aboriginal children

Highlights

- *The majority of children in care at any given time are Aboriginal.*
- *A higher percentage of children in care is Aboriginal than is recorded by the Ministry of Children and Family Development.*
- *Approximately one in seven Aboriginal children aged 6–18 in October 2005 had been in care at some point in his or her life, compared with less than one in 50 non-Aboriginal children.*

Issues and implications

- *Being in care is a relatively common experience for Aboriginal children and a relatively rare occurrence for non-Aboriginal children. The impact of being in government care (including non-familial placement and cultural estrangement) should therefore be considered when developing educational policy and programs for Aboriginal children.*

We found that there were more Aboriginal children in care than the Ministry of Children and Family Development Aboriginal identifier captures. In the study population that we chose, approximately 32.8% of children in care were identified as Aboriginal in the Ministry of Children and Family Development's databases. This is the same number of Aboriginal children we identified in the Health Outcomes of Children in Care report released in September 2006. For the first time, we were able to cross-check this identifier, as the Ministry of Education also collects information on the number of school-aged children in the province who identify as Aboriginal.[1] Almost all of the children who were identified as Aboriginal in the Ministry of Children and Family Development system also were identified as Aboriginal in the educational system. However, a large number of children who were identified as Aboriginal in the Ministry of Education's system were not identified as Aboriginal in the Ministry of Children and Family Development's system.

Combining the Aboriginal identifiers from the Ministry of Children and Family Development and the Ministry of Education raised the percentage of Aboriginal children in the study who had been in care from 32.8% to 43.9% (see Table 2). When we examined the continuing and temporary categories, we saw that the percentage of children in continuing care who were Aboriginal increased from 42% to 49%, while the percentage of children in temporary care who were Aboriginal rose dramatically – from 25% to 41.5%.

The discrepancy between the number of Aboriginal children identified by the Ministry of Education and the Ministry of Children and Family Development probably occurs for two reasons. The first is the length of time that temporary care children spend in care: many of these children are in care only for a short period of time and are not identified as Aboriginal upon intake. The second

[1] *The Ministry of Education collects information on students of Aboriginal ancestry using the Student Level Data Collection (SLDC) Form 1701 collected in September of each year.*

reason for this discrepancy is the frequency with which children are asked if they identify as being of Aboriginal ancestry. It is possible that, once the intake form has been filled out for a child, it is regarded as tombstone information and rarely changed again after that.

In order to better understand the number of Aboriginal children in care, the Ministry of Children and Family Development could undertake two improvements:

- train workers to ask upon each intake whether a child is of Aboriginal ancestry, not just on the initial intake
- do cross-tabulations with the Ministry of Education for aggregate statistics.

When we looked at the children in care at a specific point in time (October 2005) we still saw that the number of Aboriginal children in care increased when we combined the Ministry of Children and Family Development and Ministry of Education identifiers, although not as dramatically: it increased from 49% to 55% (see Table 3). The number of Aboriginal children in continuing care increased from 55% to 60%, and those in temporary care increased from 38% to 46%.

There is a difference between the increases in the percentage of Aboriginal children over the course of the study and at a specific point in time because Aboriginal children are more likely to be in continuing care, which means that individually they spend more time in care. At any one point in time there will be more Aboriginal children in care; however, when we examine all years the percentage goes down because there will be greater numbers of non-Aboriginal children in care but they will be in care for shorter periods of time than Aboriginal children.

Table 2: Aboriginal children in care

	Ministry of Children and Family Development (MCFD)	MCFD and Ministry of Education combined
	1997–2005	1991–2006
All children in care (32,186)	32.8%	**43.9%**
Continuing care (10,411)	42%	**49%**
Temporary care (21,775)	25%	**41.5%**

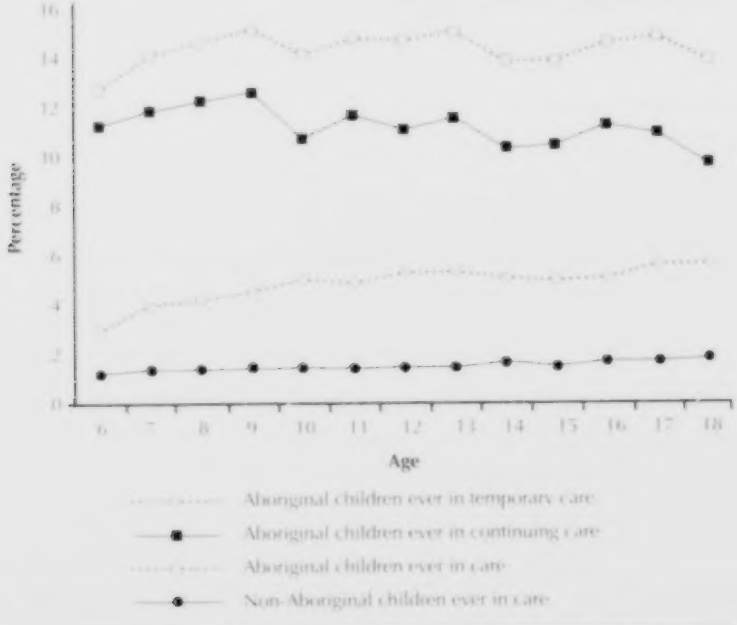
Table 3: Aboriginal children in care, October 2005

	Ministry of Children and Family Development (MCFD)	MCFD and Ministry of Education combined
	October 2005	October 2005
All children in care (6,923)	49%	**55%**
Continuing care (4,629)	55%	**60%**
Temporary care (2,294)	38%	**46%**

Throughout the rest of this report, when we refer to Aboriginal children, we are using the combined Aboriginal identifiers of the Ministry of Children and Family Development and the Ministry of Education.

When we examined all Aboriginal children in British Columbia who were age 6–18 years in October 2005, we found that approximately one in seven had been in care at some point in their lives (see Figure 4). In contrast, less than one in 50 non-Aboriginal children aged 6–18 had ever been taken into care. As many as 15% of nine-year-old Aboriginal children have been in care at some point in their lives.

Figure 4: Aboriginal children who have ever been in care, by age, October 2005



We found that approximately one in seven Aboriginal children aged 6–18 years in October 2005 had been in care at some point in their lives.

Children with special needs

Highlights

- *More than 51% of children in care were identified by the Ministry of Education as having special needs, compared with 8.4% of children who had never been in care.*
- *By age 16, about 74% of males in care have been identified as having special needs, compared to 47% of females.*
- *Most of those special needs are related to intensive behavioural or serious mental health issues.*
- *In the 2005/06 school year, the Ministry of Education spent about $48 million (or 17% of its special needs budget) on children who were or had been in care.*

Issues and implications

- *Because of the high proportion identified as having special needs, children in care require significant resources from the educational system.*

The high number of children in care with special needs raises a number of questions: what factors lead to children in care receiving a special needs designation? Do they have the special needs designation before they come into care or does being brought into care cause these children to have a higher incidence of behavioural and mental health issues? Are these children receiving the appropriate interventions or should special programs be developed for children in care? Are more resources needed? Given that the Ministry of Education and the Ministry of Children and Family Development have two separate sources of funds to deal with children with special needs, are these resources being used in an efficient manner?

Children in care were more than six times more likely to have special needs than the general population.

The Ministry of Education defines students with special needs as those who "have disabilities of an intellectual, physical, sensory, emotional, or behavioural nature, or have a learning disability or have exceptional gifts or talents" (Ministry of Education, 2006). These categories are unique to the educational system and are used by the Ministry of Education to provide directed educational resources for the special needs of its students. The students are assessed independently of the Ministry of Children and Family Development special needs designation for children in care.

Over 51% of children in care were identified with special needs, compared with around 8.4% of children who were never in care. They were more than six times more likely to have special needs than the general population. Children in care accounted for about 13.5% of the 121,031 children of our study population in the school system who have special needs. In contrast, children in care accounted for only 2.5% of the school-aged population.

Children in continuing care were more likely to have been identified with special needs than children in temporary care – 57.4% compared with 48.1%. Around 52.5% of Aboriginal children in care had special needs, in contrast to 49.9% of non-Aboriginal children in care. Males in care, mirroring a trend seen in the general population, were much more likely to have special needs than females in care – 60% compared with 42.1%. However, females in care were approximately eight times more likely to have special needs than females not in care, while males in care were just less than six times more likely to have special needs than males not in care (see Table 4).

Children in care were much more likely to have special needs in every category defined by the Ministry of Education, except for the gifted category (see Table 5). It was striking that the most common special needs category

Children in care were almost 17 times more likely than the general population to have Intensive Behaviour Intervention/Serious Mental Illness special needs.

Table 4: Children with special needs

	Number of children with special needs*	Total population	Percentage
General population	104,734	1,254,629	8.35%
All children in care	16,297	31,909	51.07%
All Children Temporary care	10,417	21,666	48.08%
All Children Continuing care	5,880	10,243	57.41%
Females Not in care	34,167	610,256	5.60%
Females In care	6,715	15,937	42.13%
Males Not in care	70,567	644,373	10.95%
Males In care	9,582	15,972	59.99%
Aboriginal Not in care	20,531	99,702	20.59%
Aboriginal In care	7,402	14,087	52.54%
Non-Aboriginal in care	8,895	17,822	49.91%

*Period 1996-2006

within the general population was the gifted category, while intensive behavioural and mental illness needs were the most prevalent in the children in care population. Around 29% of children in care have been identified as having Intensive Behaviour Intervention/Serious Mental Illness special needs, in contrast to 1.8% of the rest of the province. They were nearly 17 times more likely than the general population to need the special programming that goes along with this category. Furthermore, although children in care made up around 2% of the study population, they accounted for 30% of all children in the province with Intensive Behaviour Intervention/Serious Mental Illness needs.

The most common special needs category within the general population was the gifted category; Intensive Behavioural and Mental Illness needs were the most prevalent among children in care.

Other prevalent special needs categories among the children in care population were Moderate Behaviour Support/Mental Illness (18%), Physical Disability/Chronic Health Impairment (5.6%), and Learning Disability (4.6%). Some 48% of children in care were considered to have a behaviour disability

Table 5: Children in care with special needs, by category

Special needs categories[1]	General population (1,254,629)		Children in care (31,909)		Relative risk
	Number	Percentage	Number	Percentage	
Deaf/blind	105	0.01%	37	0.12%	13.86
Physically dependent	1,154	0.09%	403	1.26%	13.73
Autism	3,369	0.27%	387	1.21%	4.52
Deaf or hard of hearing	3,720	0.30%	269	0.84%	2.84
Moderate to severe/profound intellectual disability	4,687	0.37%	942	2.95%	7.90
Physical disability/Chronic health impairment	9,881	0.79%	1,774	5.56%	7.06
Severe learning disabilities	21,415	1.71%	1,388	4.35%	2.55
Visual impairment	947	0.08%	65	0.20%	2.70
Intensive behaviour intervention/Serious mental illness	22,027	1.76%	9,285	29.10%	16.57
Learning disability	25,890	2.06%	1,456	4.56%	2.21
Mild intellectual disability	6,803	0.54%	1,030	3.23%	5.95
Moderate behaviour support/Mental illness	35,341	2.82%	5,602	17.56%	6.23
Gifted	43,430	3.46%	238	0.75%	0.22
Period 1996-2006					

[1]These categories are not mutually exclusive. A student may fall into one or more categories. This table reports only on the prevalence of these special needs within the population of interest.

requiring either moderate or intensive support, in contrast to 4% of the general population.

Children with Intensive Behavioural Intervention/Serious Mental Illness needs are a difficult segment of the student population for educators to deal with. The Ministry of Education expects that in any one year, only 1% of the population should be assigned to this category. (The criteria for inclusion in this category are provided in Appendix H: Intensive Behavioural Intervention/Serious Mental Illness needs.)

The Ministry of Education tries to identify students with special needs as early as possible so that they can be provided with the help and resources they need to ensure positive outcomes. By age 16, 61% of children in care have been identified with special needs at some point since they entered the school system, in contrast to approximately 15% of the provincial population (see Figure 5). (There is a shift in our cohort's trend data between the ages of eight and nine due to a policy change implemented in 1999/2000 that required school districts to report all special needs categories on an individual basis.)

Although males in the general population are more likely to be identified with special needs than females, this result seems to be especially pronounced in the children

Figure 5: Children in care with special needs, by age

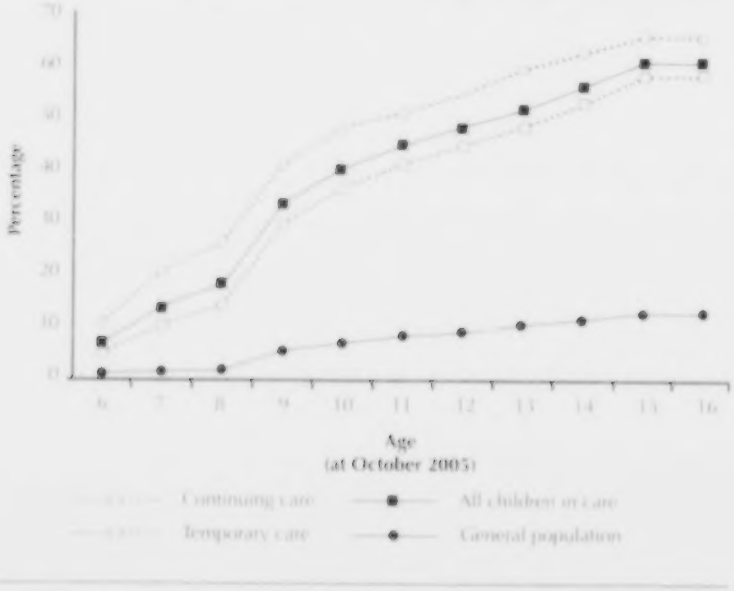
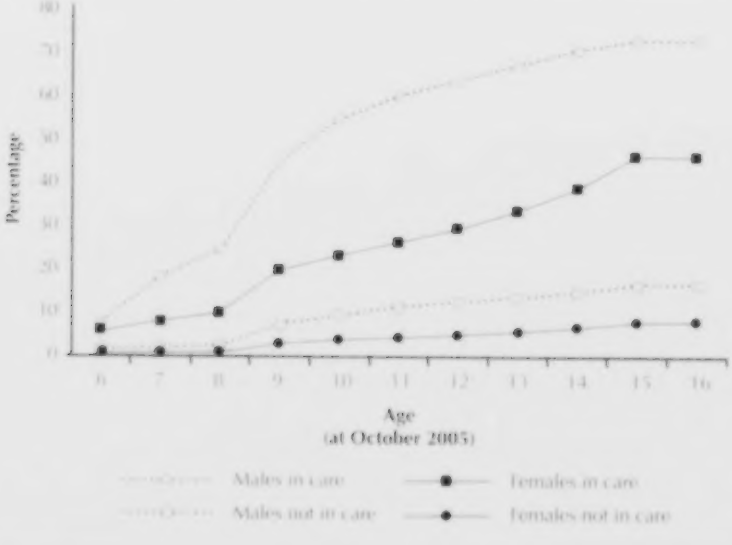


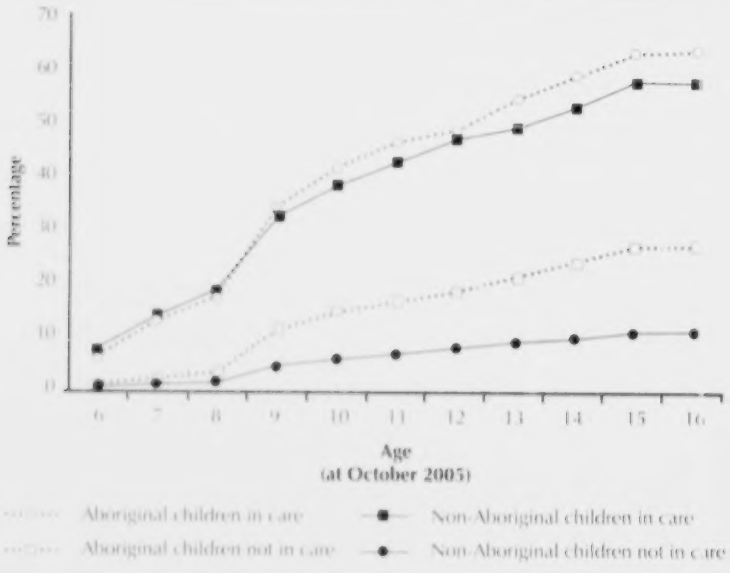
Figure 6: Children with special needs, by age and gender



in care population. Approximately 74% of males in care have been identified as having special needs by age 16, in contrast to 47% of females in care. In the general population, 17% of males and 8% of females have been identified with special needs by the age of 16 (see Figure 6).

Aboriginal children were identified with special needs at a higher rate than non-Aboriginal children in care; however, there was not as much of a gap as between males and females. Around 64% of Aboriginal children in care were identified with special needs by age 16, in contrast to 58% of non-Aboriginal children in care who were identified with special needs. In comparison, approximately 27% of Aboriginal children not in care and 11% of the general population had been identified with special needs by age 16 (see Figure 7).

Figure 7: Aboriginal children with special needs, by age



School moves

Highlights

- *Children in care change schools more frequently than children who have never been in care: by age 18, children in care have been in an average of almost 6.6 different schools, while 18-year-olds from the general population have been in an average of less than four schools.*

Issues and implications

- *Children in care change schools more frequently than children who have never been in care, and school mobility is linked with poorer educational outcomes. However, the Ministry of Children and Family Development does not publicly report or systematically monitor how often or why children in their care change schools.*

Research has linked frequent school moves – school mobility – with poorer educational outcomes.

When we examined the frequency with which children in care changed schools, we found that children in care were more than 1.5 times as likely to have changed schools as the general population by the age of graduation. By age 18, children in care have been in an average of almost 6.6 different schools. In comparison, 18-year-old students from the general population have been in an average of slightly less than four different schools (see Figure 8).

Some school moves are planned moves between schools, such as the orderly transition between middle school and high school. However, many of the moves between schools that children in care experience are unplanned school moves – for example, moves precipitated by families moving from one jurisdiction to another or by children changing foster homes, and moves precipitated by transfers to alternative schools when they experience difficulties within the school system.

Aboriginal children in care were slightly more likely than non-Aboriginal children in care to change schools, but the difference was not as pronounced as the

Figure 8: Average number of schools attended by children in care, by age

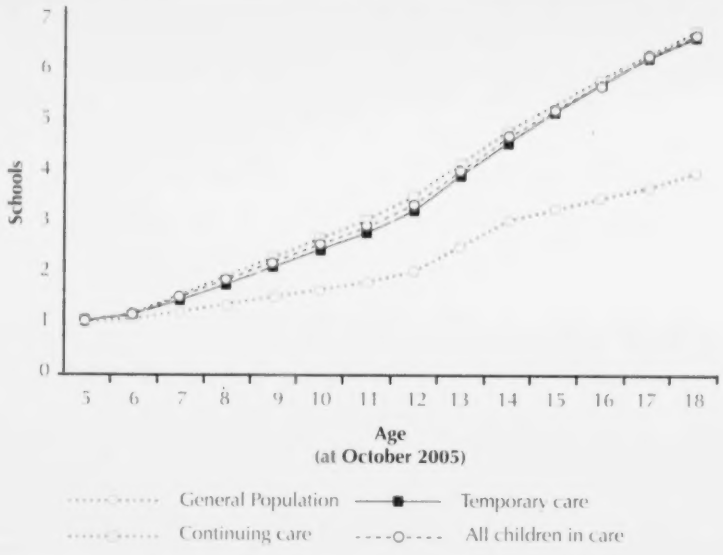
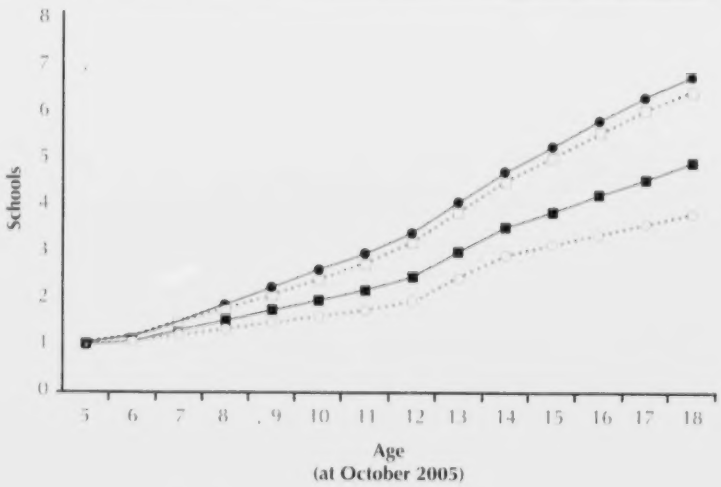


Figure 9: Average number of schools attended by Aboriginal children in care, by age



difference between Aboriginal children not in care and the general population (see Figure 9).

There was no virtually no difference between the number of schools that males and females attend in either the general population or the children in care population. The only small difference was that females were slightly more likely to have attended more schools at age 19 than males in both the general and children in care population (see Figure 11).

Figure 10: Average number of schools attended by children in care with special needs

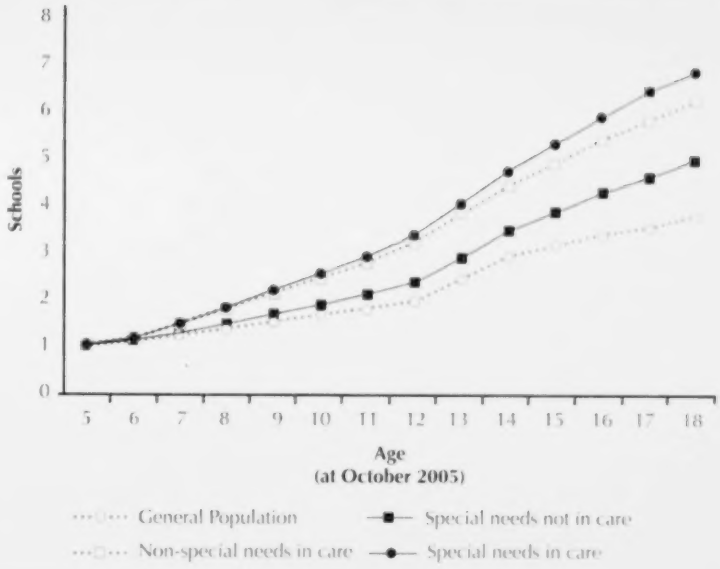
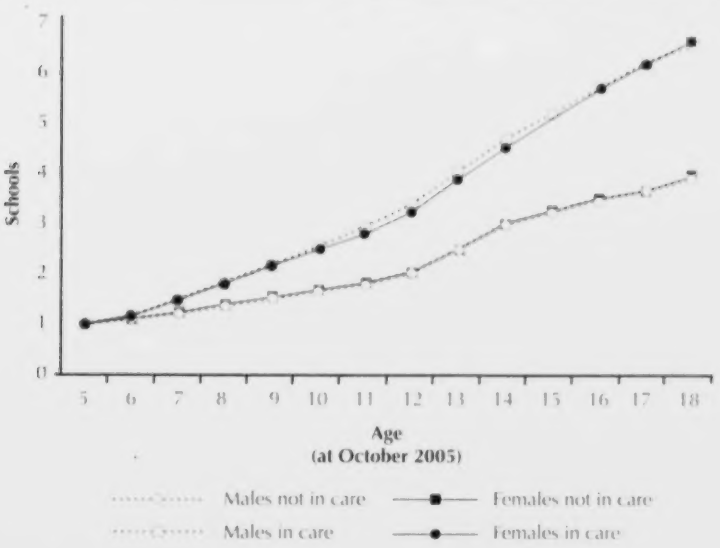


Figure 11: Average number of schools attended by children in care, by age and gender



2.2 Educational Participation and Outcomes

Graduation rates

Highlights

- *Graduation is generally regarded as the definitive measure of a child's success in school.*
- *Very few children in care graduate from high school: an estimated 21% of children in care graduate from high school within six years from enrolment in Grade 8, compared with 78% of the general population.*
- *Twelve percent of children in care with special needs graduate from high school, in contrast with 34% of children in care without special needs.*

Issues and implications

- *Graduation rates for children in care can be traced back to when the children enter the school system. The majority of children in care are not school-ready on entering Kindergarten, and do not develop the educational foundation on which future educational success is built.*
- *Improving graduation rates will necessitate ensuring that children in care develop strong educational skills in their early school years.*

High school graduation is a key marker for future success and for most children a jumping-off point to further education or job training.

There are two ways that students can officially complete their schooling in British Columbia. They may either graduate from high school with a Dogwood Diploma or they may be awarded a British Columbia School Completion Certificate[1] if they are not expected to graduate but satisfy the requirements of their individual education plan.

[1] *The British Columbia School Completion Certificate is awarded to students who meet the goals of their educational program other than graduation. This can include students with individual education plans, or students who meet other criteria established by their school district. (Source: http://www.bced.gov.bc.ca/policy/policies/student_credentials.htm)*

No data are currently available to show what percentage of students receive School Completion Certificates.

The Six-Year Dogwood Completion rate, which is used by the Ministry of Education to estimate the British Columbia graduation rate from high school, is calculated by including the percentage of students who graduate within six years from enrolment in Grade 8 and adjusting for migration in and out of British Columbia (Ministry of Education, November 2006).

In British Columbia, the Six-Year Dogwood Completion rate is around 78%. We estimate that 21% of children in care will graduate from high school within six years of enrolling in Grade 8. Children not in care were about 3.5 times more likely to finish high school than children taken into care. Only 16% of males in care and 16% of Aboriginal children in care graduated. Females in care do somewhat better, with 26% of females in care graduating, but that is still very far from the 82% of females in the provincial population who managed to successfully finish high school.

Finally, 12% of children in care with special needs graduate from high school, in contrast to 34% of those children in care without special needs. Although it is not surprising that children in care who do not have special needs graduate at three times the rate of children in care with special needs, it is important to note that some 61% of children in care will have been identified with special needs by the age of 16. While it is not within the scope of this study, it is important to consider why children with special needs who are not in care graduate 36% of the time in contrast to only 12% of children with special needs in care. It raises the questions of

Children not in care are about 3.5 times more likely to finish high school than children in care.

Table 6: Six-Year Dogwood Completion rate

Population	Six-Year Dogwood Completion rate	Number
General population	77.5%	444,674
All children in care	21.3%	10,991
Temporary care	18.2%	6,936
Continuing care	26.6%	4,055
Aboriginal Not in care	45.0%	32,012
Aboriginal In care	15.5%	3,816
Non-Aboriginal in care	24.4%	7,175
Female Not in care	82.1%	214,788
Female In care	26.2%	5,798
Male Not in care	73.2%	229,886
Male In care	15.9%	5,193
Special needs Not in care*	36.4%	37,253
Special needs In care*	11.8%	6,338
Non-special needs in care	34.2%	4,653

**Excludes gifted*

Date: 1991-2006

whether this difference is caused by pre-existing characteristics or by systemic differences experienced later on, and what circumstances intrinsic to the experiences of children in care cause this differential.

Graduation from high school is generally regarded as the definitive measure of whether a child's journey through school has been successful. As noted above, nearly 80% of children in care do not successfully complete high school. We must then ask when their struggles began. Using the Early Development Instrument, Fundamental Skills Assessments and provincial exam data,* we took a close look at the performance levels of children in care at Kindergarten, Grade 4, Grade 7, and Grade 12 to determine how well they were doing in comparison to the general population. We found a consistent and predictable pattern, in which children in care arrive in school on average much less prepared to learn, fall further behind as they progress through school, and never recover to meet their graduation requirements.

Graduation is generally regarded as the definitive measure of a child's success in school. Almost 80% of children in care do not successfully complete high school. When did their struggles begin? It appears that children in care arrive in school on average much less prepared to learn, fall further behind as they progress through school, and never recover to meet their graduation requirements.

*The EDI has been used in British Columbia since 2000; Functional Skills Assessment since 1999; Grade 10 provincial exams since 2005; and Grade 12 provincial exams since 1991.

Early Development Instrument

Highlights

- *Children in care are two to three times more likely to be vulnerable than children in the general population in the five domains of the EDI: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communications and general knowledge.*
- *Children are considered to be not school-ready if they are vulnerable in at least one of the domains. More than twice as many children in care as children in the general population are not school-ready.*

Issues and implications

- *The EDI has the potential to be an important tool for policy-makers monitoring the school-readiness of British Columbia's children or trying to determine whether early childhood policies and programs have been effective. However, the value of the EDI is compromised because it is not administered to every child in Kindergarten each year.*
- *In addition, the EDI has the potential to be an effective predictor of children coming into care.*

As early as Kindergarten, children in care appear to be more at risk than their peers. Using the Early Development Instrument (EDI – see p. 11 of this report), we examined children in care on five different vulnerability measures: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communications and general knowledge. We found that children in care were two to three times more likely to be at risk on these five measures than the general population.

Physical health and well-being

"The typical profile of a child who falls below the physical vulnerability EDI cut-off is one who displays average or poor motor skills (both fine and gross), who is sometimes tired or hungry, usually clumsy, with flagging energy levels, and average overall physical development" (BC Atlas, p. 30).

Children in care were 3.1 times more likely to be vulnerable on the physical health and well-being scale than the general population. Approximately 31% of

children in care were vulnerable in terms of their physical development at this early age, in comparison with 10% of the general population (see Table 7).

Social competence

"The typical profile of a child who is vulnerable on the social competence scale is one with regular problems in maintaining self-control; showing respect for adults; getting along with other children; accepting responsibility for their own actions; following rules and class routines; and adjusting to change. The child often suffers low self-confidence and is not usually able to work independently" (BC Atlas, pp. 34–35).

Children in care were 2.8 times more likely than children not in care to be vulnerable on the social competence scale. Around 26% of children were vulnerable on this scale in contrast to 9% of the general population (see Table 7).

Emotional maturity

"The typical profile of a child who is vulnerable on the emotional maturity scale is one with regular problems managing aggressive behaviour, who is prone to disobedience, and/or easily distractible, inattentive and impulsive; s/he is usually unable to show helping behaviour towards other children, and is sometimes upset when left by the caregiver" (BC Atlas, p. 38).

Children in care again had high vulnerability rates, with 26% being at risk on the emotional maturity scale in comparison with 10% of the general population (see Table 7).

Table 7: Children vulnerable, by domain

	Physical health and well-being	Social competence	Emotional maturity	Language and cognitive development	Communications and general knowledge
	N=38,151 n=891	N=38,218 n=886	N=37,807 n=877	N=37,808 n=881	N=38,210 n=889
General population (N)	10%	9%	10%	10%	10%
Children in care (n)	31%	26%	26%	29%	20%
Relative risk*	3.1	2.8	2.8	3.0	2.0
Date: 2000-2005					

*The relative risk numbers may not match due to rounding up of the percentages in the table.

Language and cognitive development

"The typical profile of a child who is vulnerable on the language and cognitive scale is one with problems in basic reading, writing and numeracy. S/he is unable to read and write simple words or attach sounds to letters and s/he often does not want to try. S/he has difficulty remembering things, counting to 20, recognizing and comparing numbers, and generally is not inclined to engage in activities that focus on numbers." (BC Atlas, p. 42.)

Children in care struggled on this measure, with 29% having problems with basic reading, writing and numeracy, in comparison with 10% of the general population (see Table 7).

Communications and general knowledge

"The typical profile of a child vulnerable on the communication skills and general knowledge scale is one with poor communication and articulation skills; limited command of English; who has difficulty in talking to others, understanding and being understood; and demonstrates limited age-appropriate general knowledge" (BC Atlas, p. 46).

Children in care were closest to the general population on the communications and general knowledge scale. Only 20% were vulnerable on this measure, in comparison with 10% of children not in care (see Table 7).

Table 8: Children at risk, by number of vulnerabilities

EDI Risk Score	Children in care (n=892)	Percentage at risk	Cumulative percentage at risk	General population (n=38,274)	Percentage at risk	Cumulative percentage at risk
5 vulnerabilities	54	6%	6%	460	1%	1%
4 vulnerabilities	61	7%	13%	766	2%	3%
3 vulnerabilities	85	10%	22%	1,297	3%	7%
2 vulnerabilities	113	13%	35%	2,202	6%	12%
1 vulnerabilities	173	19%	54%	4,794	13%	25%
0 vulnerabilities	406	46%	N/A	28,755	75%	N/A
Date: 2000-2005						

Vulnerabilities

More than 54% of children in care had one or more vulnerabilities on the EDI assessment. This compares with 25% of the general population and 39% of the Aboriginal child population (BC Atlas). A child is considered to be not school-ready if he or she has at least one of the vulnerabilities. This means that even at this early age, more than twice as many children in care as children in the general population are not school-ready. More than one in 10 of the 514 children tested in the province who had five vulnerabilities was a child who had been in care (see Table 8).

It would be worth following up on the children who scored high on the EDI vulnerabilities to determine whether the EDI is a good predictor of children coming into care and could possibly serve as a trigger for early intervention to prevent children from coming into care.

Foundation Skills Assessment

Highlights

- *The Foundation Skills Assessment (FSA), administered in grades 4 and 7, shows how well children are doing in acquiring reading, writing and numeracy skills over time.*
- *FSA results show that the majority of children in care do not acquire the fundamental reading, writing and numeracy skills to meet the demands of high school. The percentage of children in care who meet or exceed the provincial standard is approximately 30 percentage points below the general population for reading, writing and numeracy in both Grade 4 and Grade 7.*
- *Increasingly, vulnerable groups such as Aboriginal children and children in care are not being assessed through the FSA.*

Issues and implications

- *Because the majority of children in care do not acquire the fundamental reading, writing and numeracy skills, they struggle in high school, a large number drop out, and a relatively small percentage graduate from high school.*
- *The FSA is an important standardized assessment tool that allows us to measure the impact of policy interventions designed to improve the educational outcomes of children in care. However, the increasing lack of assessment of vulnerable groups, including*

Aboriginal children and children in care, has implications for policy-makers who are trying to determine whether policies and interventions such as the provincial Aboriginal strategy for education is improving Aboriginal children's reading, writing and numeracy skills.

The failure of children in care to acquire the fundamental skills of reading, writing and numeracy in the earlier grades causes them to stumble in high school, when they do not have the necessary building blocks to master the more advanced concepts demanded in the later grades.

In 1999, the Ministry of Education began administering Foundation Skills Assessment (FSA) tests for students in grades 4 and 7. The FSA tests are designed to "evaluate how well students are achieving basic skills, and make plans to improve student achievement" (Ministry of Education, 2006). Students are tested on three main criteria: reading, writing and numeracy.*

As shown in the language and cognitive development component of the EDI in Table 7, 29% of children in care struggled with basic writing, reading and numeracy. These early struggles persist, as we see substantial differences appearing between the population of children in care and the general population in Grade 4 on the reading, writing and numeracy components of the Foundation Skills Assessment. On all three measures of their foundation skills, children in care significantly under-perform relative to their peers.

As we will see when we look at how children in care transition through the school system (Figure 15), a significant percentage of children in care begin to fall behind a grade around Grade 9. They begin to be held back in much larger numbers and drop out in substantial numbers around grades 11 and 12. However, this is probably not a result of troubles beginning in Grade 9, but rather, as these FSA test results show, a result of fundamental issues arising much earlier in life. The failure of children in care to acquire the fundamental skills of reading, writing and numeracy in the earlier grades causes them to stumble in high school, when they do not have the necessary building blocks to master the more advanced concepts demanded in the later grades.

*There was a significant change in the writing component of the Foundation Skills Assessment between the school years 1999/2000 and 2000/01. We therefore do not report on the writing component for the school year 1999/2000. Neither the reading nor numeracy component was affected by this change.

Grade 4 FSA

Participation rates

Before looking at specific Grade 4 FSA results, it is important to point out that there has been a decline in the percentage of students who take the FSA tests (see Figure 12). There has been a slight downward trend within the general population; however, this trend is more pronounced in the population of children in care. The percentage of children in care who took the Grade 4 FSA declined from 75% in 1999/2000 to 68% in the most recent year, 2004/05. This downward trend has been especially pronounced in the special needs population, with fewer and fewer children with special needs being assessed. The decline in the participation rate of children with special needs is especially important for the population of children in care, because such a large percentage of children in this population have special needs.

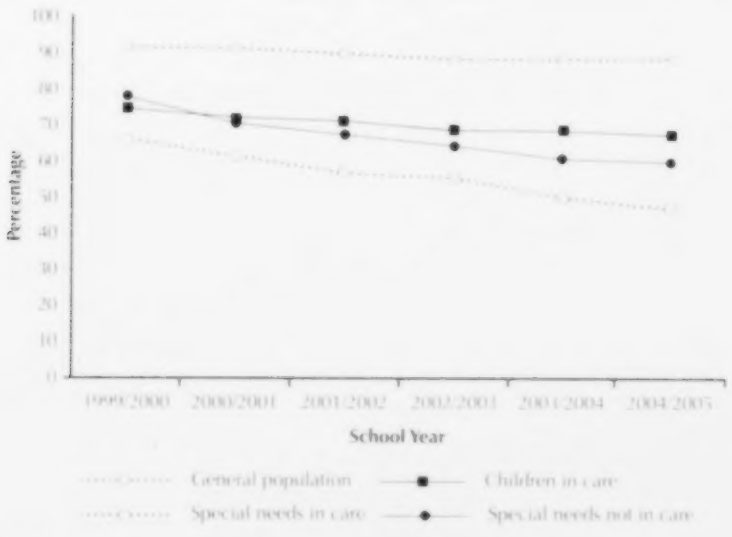
A growing portion of the children in care population is not being assessed through the FSA; there are increasingly no benchmarks to determine how well these children are doing within the school system at early ages.

The downward trend in participation rates makes it harder to determine whether children in care are improving their reading, writing and numeracy skills. Of more concern, however, is that a growing portion of the children in care population is not being assessed. There are increasingly no benchmarks to determine how well these children are doing within the school system at early ages.

We have concerns about these declining participation rates, as they may create the perception that the percentage of children who meet or exceed provincial reading, writing and numeracy standards is improving when, in reality, it may be that the improvement has come about because children who would not do well are not being assessed. Vulnerable populations such as children in care and Aboriginal children can be particularly affected by this phenomenon.

The Ministry of Education currently reports the percentage of students who meet or exceed provincial

Figure 12: Grade 4 FSA participation rates, by year



standards as the number of students in a grade who meet or exceed the provincial standard divided by the number of children enrolled in February of the school year, less those who are excused, are not represented or have not given meaningful responses on the assessment. As can be seen in Figure 12, the number who are excused from the assessment or not represented has been increasing every year since the inception of the FSAs in 1999/2000. The fact that these students are not included in the denominator means that we know less and less about the percentage of students in a grade who are meeting or exceeding the provincial standards. A significant portion of students are not being assessed on their reading, writing and numeracy skills. In 2004/05, just over 10% of the general population was not assessed and more than 30% of children in care were not assessed.

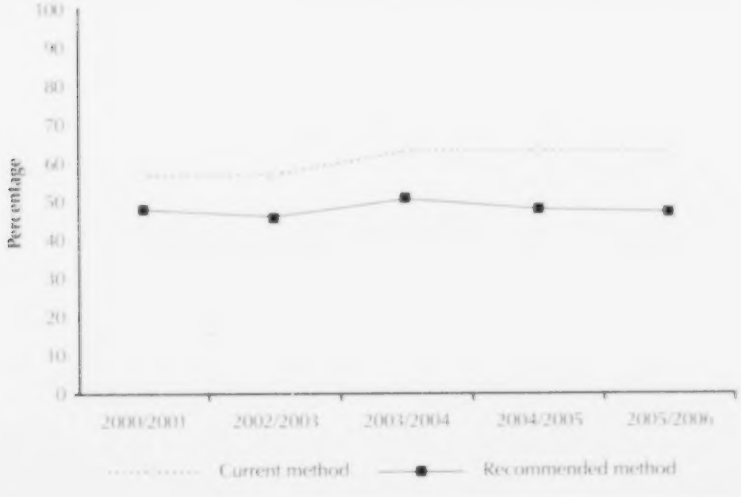
We report FSA results as a percentage of the student population enrolled in a grade rather than as a percentage of those deemed eligible to participate.

We have chosen to report FSA results as a percentage of the student population enrolled in a grade rather than as a percentage of those deemed eligible to participate. (To compare FSA results in the manner used in the Ministry of Education reports, see Appendix E.)

Figure 13 shows the difference between the two methods. Under the Ministry of Education's current method, the percentage of all Aboriginal children who met or exceeded the Grade 4 provincial FSA reading standard had increased in the last few years to 63%. However, using the methodology we propose, less than half of Aboriginal children enrolled in Grade 4 met or exceeded the Grade 4 provincial FSA reading standard. In addition, since 2003/04, there has been a slight decline in the percentage meeting or exceeding the provincial reading standard; by 2005/06, there was a discrepancy between the two methods of approximately 16 percentage points.

Note: In the following sections on Foundation Skills Assessment results, each figure is based on a table that is identified below the figure and included in Appendix D.

Figure 13: Aboriginal children who met or exceeded provincial FSA reading standards (Grade 4), by year

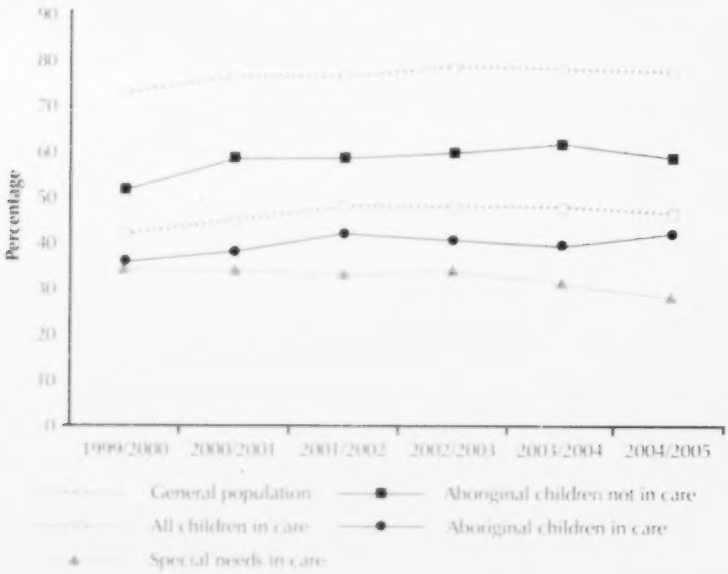


Numeracy

The good news is that the percentage of Grade 4 students who met or exceeded the provincial FSA numeracy standard has improved appreciably since 1999/2000 for both children in care and the general population. Test results for those children in care who took the Grade 4 FSA have shown an improvement of five percentage points over the six years since the assessment was implemented. By 2004/05, 47% of children in care met or exceeded the accepted standard for the numeracy section of the FSA. In comparison, 78% of the general population met or exceeded the provincial standard.

The numeracy results for both children in temporary and continuing care are similar; however, children in temporary care have shown a much greater improvement since the inception of the FSA – an eight percentage point improvement compared with a three percentage point improvement among children in continuing care.

Figure 14: Grade 4 students who met or exceeded provincial numeracy standards, by year



Source: Table 23 in Appendix D

Both males and females in care have shown an improvement in their performance; however, females who have been in care, following a trend seen in the general population, perform slightly better on the Grade 4 numeracy component of the FSA than do males.

In 1999/2000, 36% of Aboriginal children in care met or exceeded the standards set by the Ministry of Education. This number had increased to 42% meeting or exceeding the standard by 2004/05.

Although the percentage of children in care without special needs who met or exceeded the provincial numeracy standard has improved by seven percentage points, the percentage of children in care with special needs who met or exceeded the provincial numeracy standard has gone down by six percentage points since 1999/2000.

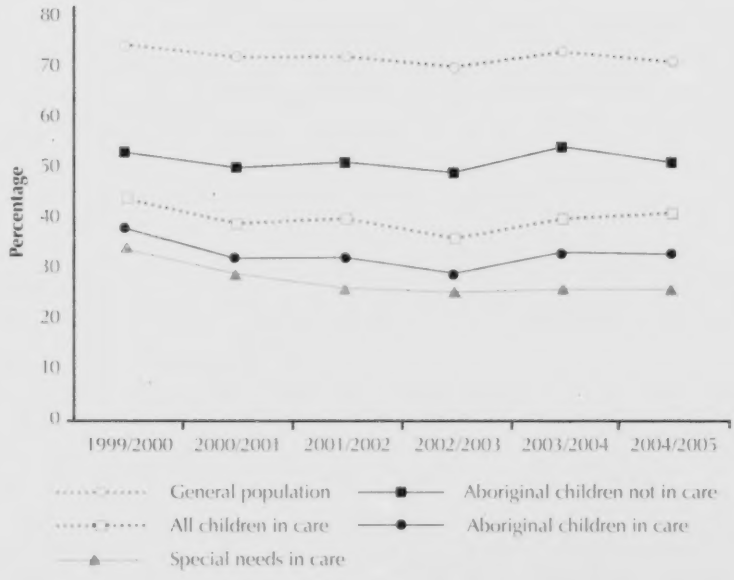
Reading

Mirroring a trend seen in the general population, there has been a marginal decrease of three percentage points in Grade 4 reading scores for children in care.

Children in temporary care had a five percentage point decrease in their performance. In contrast, children in continuing care actually showed a small increase of three percentage points in the number who met or exceeded the provincial standard.

Aboriginal children in care had a five percentage point decline over time in the percentage who met or exceeded the FSA reading standard. This followed a similar slight decline seen in both the general and Aboriginal populations..

Figure 15: Grade 4 students who met or exceeded provincial reading standards, by year



Source: Table 24 in Appendix D

Note: Percentage versus percentage points

Percentage and percentage points are not interchangeable. A percentage expresses numbers as fractions of 100. Percentage points are used to express the difference between two percentages. For example, the difference between 21% and 24% is three percentage points. If we were to express that difference as a percentage increase from 21% to 24%, it would 14.3% (3/21x100).

Writing

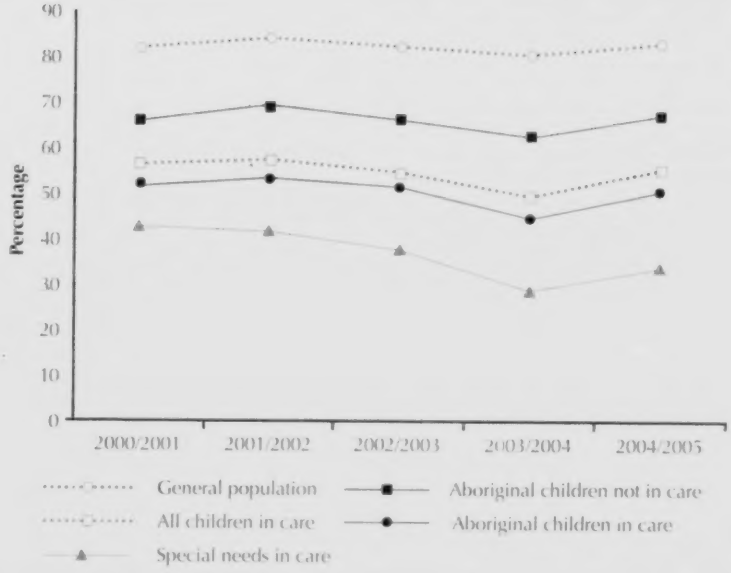
There has not been much improvement in the percentage meeting or exceeding the Grade 4 writing FSA over the five years measured for either children in care or the general population.

Children in temporary care have shown a slight decline – of one percentage point – in their writing performance. In contrast, the writing performance of children in continuing care has improved by four percentage points over the five years examined, although there is some variation from year to year. Children in continuing care performed about five percentage points better than children in temporary care on the 2004/05 writing component of the Grade 4 FSA.

Males in care had writing skills appreciably weaker than females in care. In 2004/05, the percentage of males in care meeting or exceeding provincial writing standards was 19 percentage points less than that of females in care.

Aboriginal children in care struggled even more with writing skills than did non-Aboriginal children in care. The percentage of Aboriginal children in care meeting or exceeding the Grade 4 provincial writing FSA was 13 percentage points less than that of non-Aboriginal children in care in 2004/05.

Figure 16: Grade 4 students who met or exceeded provincial writing standards, by year



Source: Table 25 in Appendix D

Grade 7 FSA

Participation rate

The participation rate for children in care has also declined at a higher rate than for the general population in Grade 7. The main reason for this is probably the high percentage of children in care with special needs and the corresponding large decline in participation rates for children with special needs over the six years measured. However, a larger than average decline is noted in the children in care without special needs as well (see Appendix C). In the most recent year, 2004/05, 32% of children in care in Grade 7 were not assessed on their reading, writing and numeracy skills.

Numeracy

There was a slight decline – one percentage point – in the numeracy performance of children in care from 1999/2000 to 2004/05. Children in continuing care have been approximately on par with children in temporary care over the same period. Aboriginal children in care and non-Aboriginal children in care have also not shown much improvement in the percentage meeting or exceeding the provincial Grade 7 numeracy standard in that timeframe, although Aboriginal children in care were 13 percentage points below non-Aboriginal children in care in 2004/05. Children with

Figure 17: Grade 7 FSA participation rates, by year

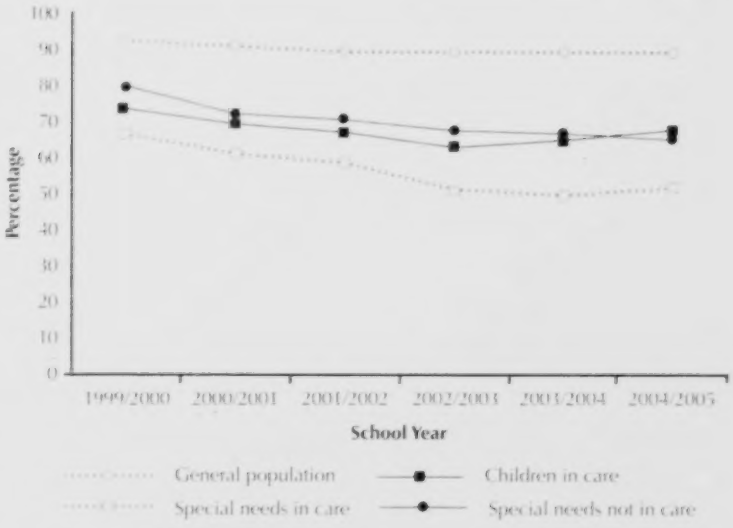
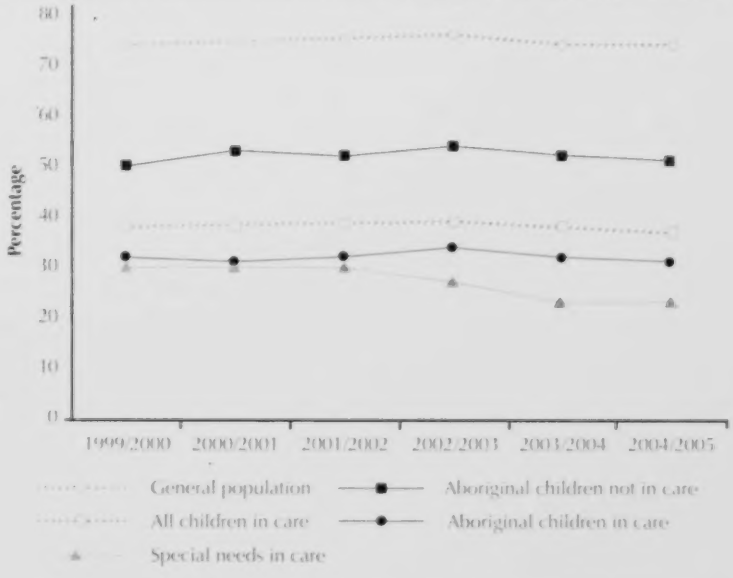


Figure 18: Grade 7 students who met or exceeded provincial numeracy standards, by year



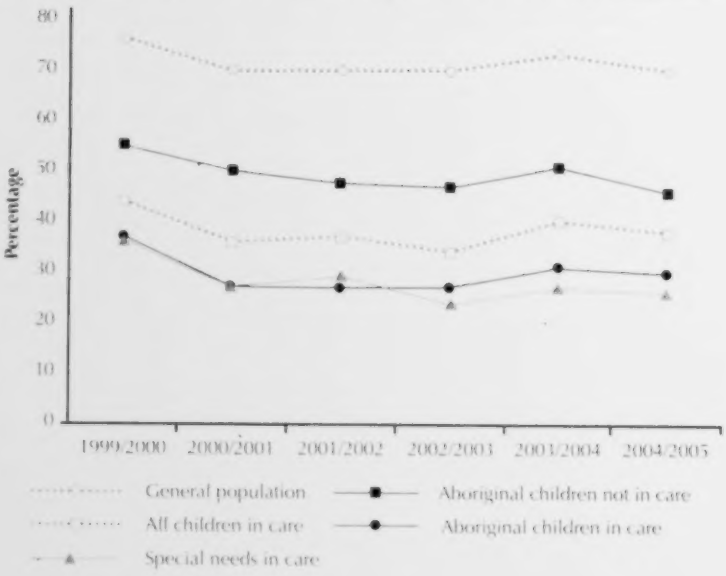
Source: Table 26 in Appendix D

special needs in care showed a decline of seven percentage points in their numeracy performance from 1999/2000 to 2004/05. Perhaps most revealing is that the numeracy performance of children without special needs in care declined by five percentage points in this same period.

Reading

There was an overall decline in the percentage of the general population meeting or exceeding the Grade 7 provincial reading standard from 1999/2000 to 2004/05. It is not surprising, then, that we should see evidence of this same decline in the percentage of children in care who meet or exceed the reading standard. However, the decline in reading performance has been of greater magnitude for children in care. We find that gap widened from 22 percentage points between the general population and children in care in 1999/2000 to 32 points in 2004/05.

Figure 19: Grade 7 students who met or exceeded provincial reading standards, by year



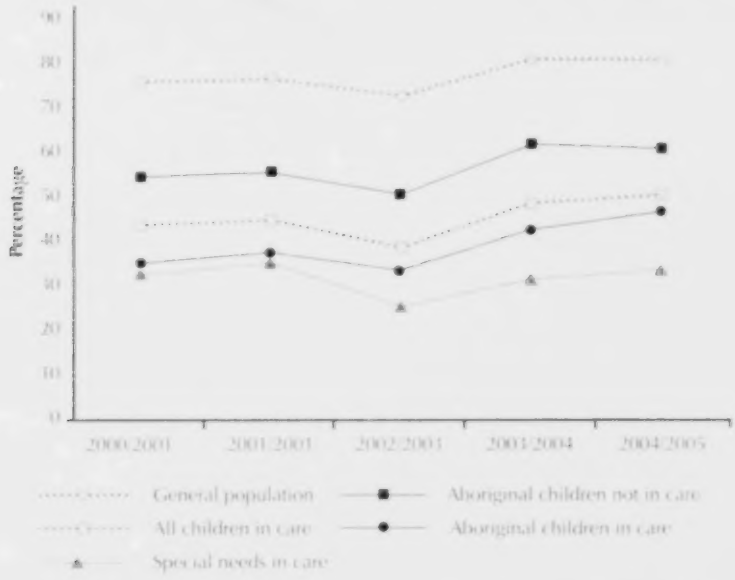
Source: Table 27 in Appendix D

When we look at children without special needs in care, we see evidence of a decline of 10 percentage points in that same timeframe, with only 26% meeting or exceeding the provincial reading standard by 2004/05. The difference in reading scores of children without special needs who have been in care and the general population increased from 14 percentage points in 1999/2000 to 20 points in 2004/05. This would again suggest that children in care were much more affected by the decline in reading scores in the last six years.

Writing

There has been an improvement in the Grade 7 writing performance of children in care, although not as marked as the improvement in the Grade 4 numeracy scores. There was an increase of five percentage points in the percentage of students in the general population meeting or exceeding the Grade 7 writing FSA provincial standard between 2000/01 and 2004/05. Children in care also performed better, with a seven percentage point increase in writing performance in this period. Children in both temporary and continuing care improved, with a six-point increase for children in temporary care and a nine-point increase for children in continuing care.

Figure 20: Grade 7 students who met or exceeded provincial writing standards, by year



Source: Table 28 in Appendix D

Aboriginal children in care had an 11-point increase in their writing performance over the period 2000/01–2004/05.

Males in care, although improving their percentage meeting or exceeding the provincial writing standard, were appreciably below females who have been in care. This mirrored a trend seen in the general population where males do not do as well as females on the writing component of the Grade 7 FSA. However, males in care and males in general have been improving their writing performance significantly over the last five years, closing the gender gap between males and females.

Grade 12 provincial exams

Highlights

- *Children in care who write provincial exams have pass rates two to 12 percentage points below those of children in the general population on provincial exams in Grade 12.*
- *One interesting exception is in Communications 12, where children in care had a pass rate three percentage points higher than those in the general population.*

As shown in Figure 29 (see p.63), 55% of children in care will not make it to Grade 12. Those who are left are the ones who have had the most success within the school system. These successful children in care generally do reasonably well in language-based courses such as English and History, but struggle with math and the sciences. They are much less likely to take provincially examinable courses (especially math and the sciences) than the general population. Their pass rates in most of these courses are relatively close to the general population. This matches findings from other vulnerable populations, such as Aboriginal children, which show that those who make it to Grade 12 do reasonably well. However, it is important to keep in mind that over half of children in care never make it to Grade 12.

Over half of children in care never make it to Grade 12. However, those who do, do reasonably well.

Note: In the following sections on Grade 12 provincial exam results, each figure is based on a table that is identified below the figure and included in Appendix F.

Language Arts

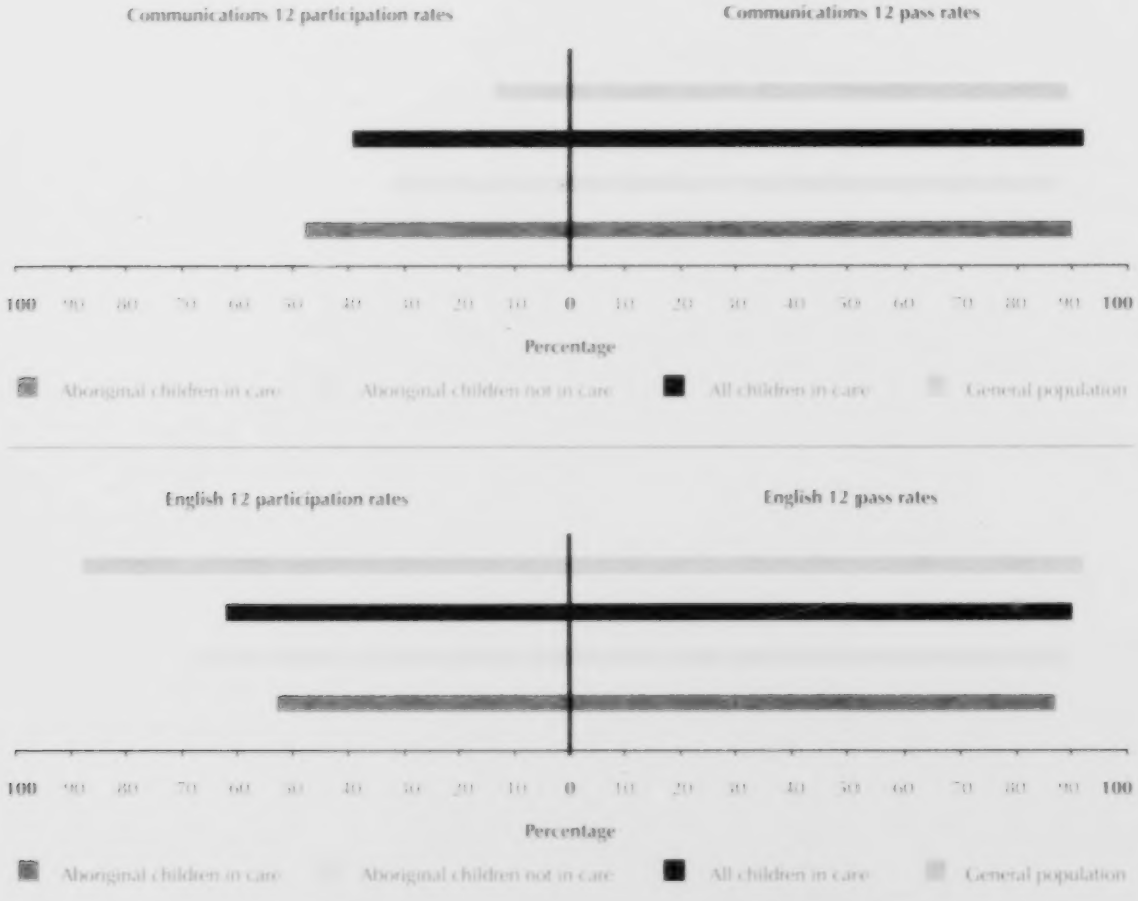
Students in Grade 12 must take a language arts course to satisfy their Dogwood completion requirements. The vast majority of students take either English 12 or Communications 12 in order to graduate from high school. Communications 12 is a course designed for students on a non-academic track to acquire strong basic language skills and satisfy their high school graduation requirements. Children in care are almost three times as likely to take this course as children not in care. Of those children in care who made it to Grade 12, around 39% end up taking Communications 12, in contrast to 14% of the general population. The participation rate for children in care in English 12

was the highest of any academic course offered in high school, at 62%. This compared with 88% of their fellow Grade 12 students who took English 12.

This is the only course where the mean score of children in care on the provincial exam is on par with the provincial population. Interestingly, their pass rate in Communications 12 is three percentage points above the pass rate of children not in care.

Children in care did reasonably well in English 12. Just over 90% of children in care who took English 12 passed the course, in comparison with 92% of the

Figure 21: Communications 12 and English 12 provincial exam participation and pass rates


Communications 12 participation rates
Communications 12 pass rates
100 90 80 70 60 50 40 30 20 10 0 10 20 30 40 50 60 70 80 90 100
Percentage
Aboriginal children in care
Aboriginal children not in care
All children in care
General population
English 12 participation rates
English 12 pass rates
100 90 80 70 60 50 40 30 20 10 0 10 20 30 40 50 60 70 80 90 100
Percentage
Aboriginal children in care
Aboriginal children not in care
All children in care
General population

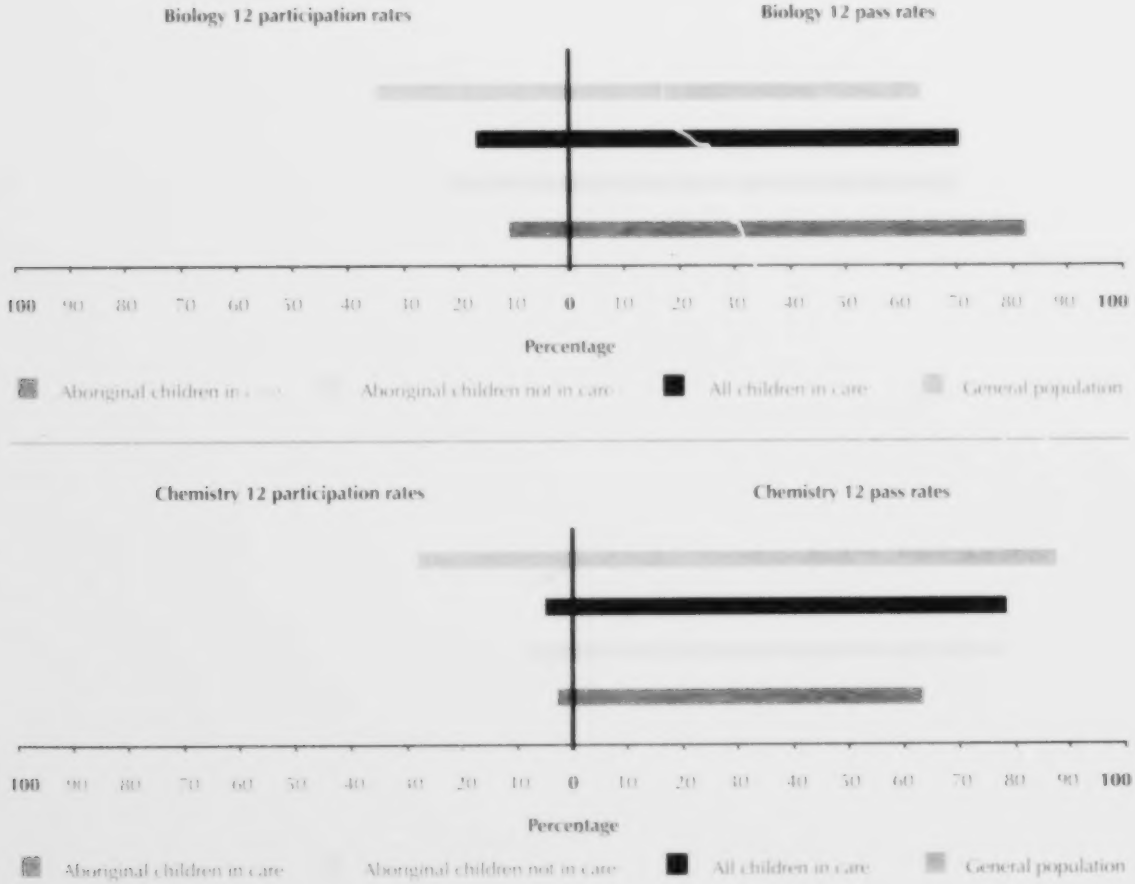
Source: Tables 35 and 36 in Appendix F **Period: 1991–2006**

general population. Their mean scores were three percentage points below those of the general population.

Math and sciences

Relatively few children in care take math and sciences. They have very low participation rates in chemistry, physics and mathematics. Biology has the highest participation rate of any math or science by children in care, at 17%. Those who do take math and science courses do reasonably well, although their pass rates are 7–12 percentage points below the provincial average.

Figure 22: Biology 12 and Chemistry 12 provincial exam participation and pass rates


Biology 12 participation rates
Biology 12 pass rates
100 90 80 70 60 50 40 30 20 10 0 10 20 30 40 50 60 70 80 90 100
Percentage
Aboriginal children in care
Aboriginal children not in care
All children in care
General population
Chemistry 12 participation rates
Chemistry 12 pass rates
100 90 80 70 60 50 40 30 20 10 0 10 20 30 40 50 60 70 80 90 100
Percentage
Aboriginal children in care
Aboriginal children not in care
All children in care
General population

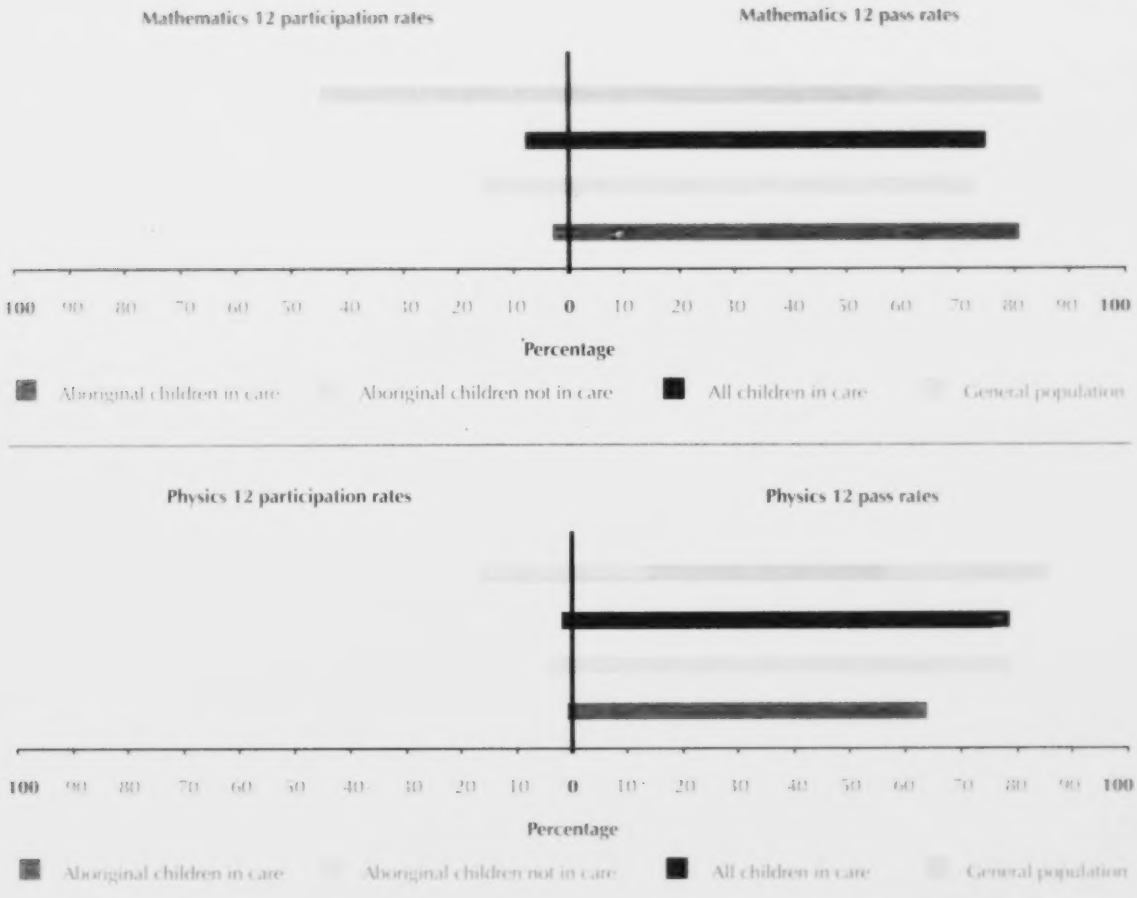
Source: Tables 37 and 38 in Appendix F

Period: 1991–2006

Their grades are skewed towards the bottom end of the grade distribution and their mean scores on exams are 6–8 points below the provincial average. Students not in care are two to three times more likely to get an A in math or sciences than a child in care. In contrast, children in care are almost twice as likely to get a C- or an F in these courses as a child not in care.

Figures 14 and 18 showed that children in care were experiencing difficulties mastering fundamental mathematical skills as early as Grade 4 and again at Grade 7. By Grade 12, only 8% of children in care in Grade 12 were taking

Figure 23: Mathematics 12 and Physics 12 provincial exam participation and pass rates


Mathematics 12 participation rates
Mathematics 12 pass rates
100 90 80 70 60 50 40 30 20 10 0 10 20 30 40 50 60 70 80 90 100
Percentage
Aboriginal children in care
Aboriginal children not in care
All children in care
General population
Physics 12 participation rates
Physics 12 pass rates
100 90 80 70 60 50 40 30 20 10 0 10 20 30 40 50 60 70 80 90 100
Percentage
Aboriginal children in care
Aboriginal children not in care
All children in care
General population

Source: Tables 39 and 40 in Appendix F **Period: 1991–2006**

Mathematics 12. Those who did take Mathematics 12 had a 75% pass rate, in contrast to 85% for the general population.

Males in care were more likely to take Mathematics 12 than females in care but had lower pass rates – 72% compared with 79%.

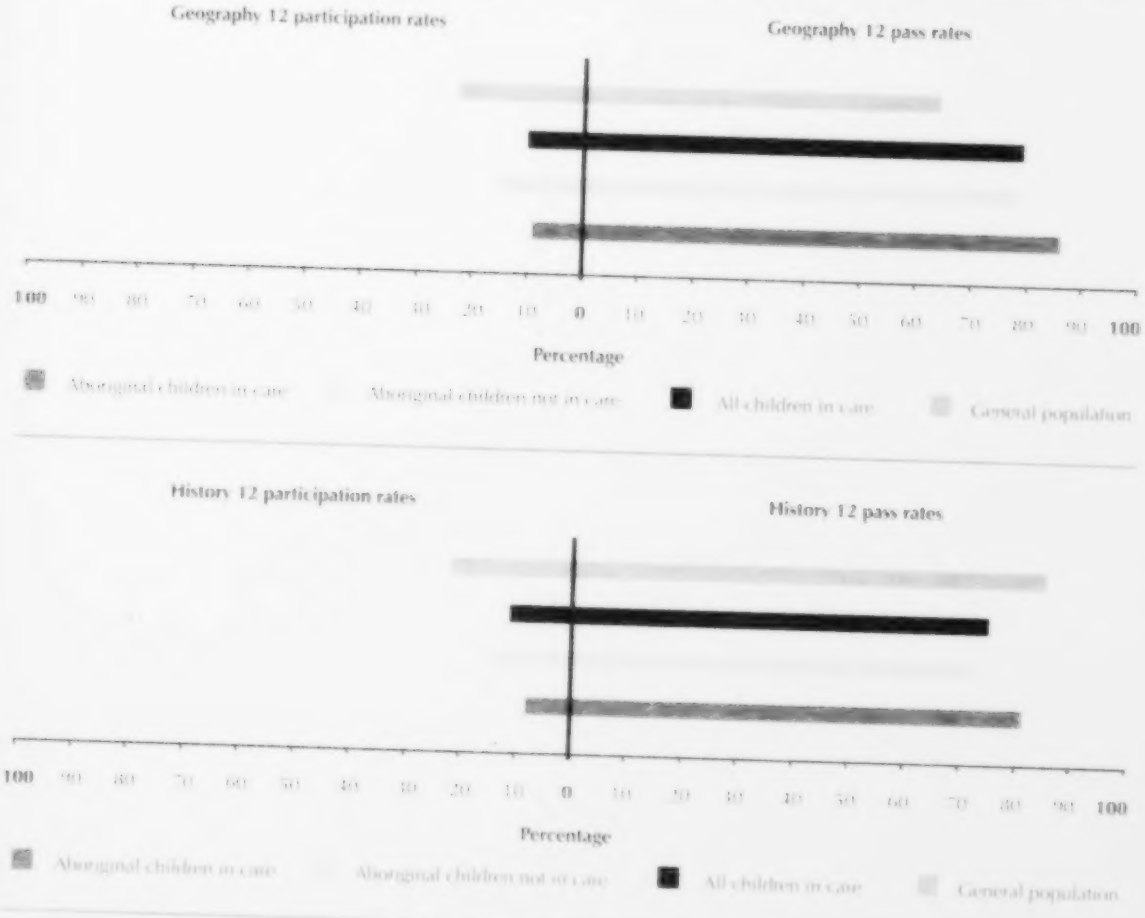
Very few Aboriginal children in care took Mathematics 12, with only 3% of Aboriginal children in care in Grade 12 taking the course. However, those Aboriginal children in care who did take the provincial exam had a pass rate only four percentage points below the general population.

Social studies

Children in care who took Geography 12 did reasonably well, with pass rates only two percentage points below the general population. The mean score of 66% for the children in care population was four points below the general population average. Aboriginal children in care passed the course at a slightly lower rate than non-Aboriginal children – 86% compared with 91%. Females in care had a pass rate three percentage points higher than males in care, but had a lower mean score.

Children in care struggled more with History 12. Their pass rate was 12 percentage points below the population average and their mean score was eight points below the general population score. Males in care did better than females in care on this provincial exam, with 63% passing the exam and a mean score four percentage points above the females. They also had similar participation rates.

Figure 24: Geography 12 and History 12 provincial exam participation and pass rates



Source: Tables 41 and 42 in Appendix F

Period: 1991–2006

Grade point averages

Highlights

- *Children in care who graduated from high school had grade point averages about a third to a half point below the general population. This translates to about a letter grade below the general population.*
- *Few children in care who graduate do so in the academic stream (and have an academic GPA), and are eligible for post-secondary educational opportunities. Just 7% of children in care were eligible for an academic GPA – compared with 39% of the general population.*

Issues and implications

- *Few children in care graduate from high school, and the factors that help those who do graduate are not well understood.*
- *Improving graduation rates among children in care will require a better understanding of the factors related to the success of those children in care who graduate.*

We also looked at the grade point averages (GPAs) of children in care to determine how well those who managed to graduate did overall in school. The Ministry of Education calculates grade point average based on the best 52 credits that satisfy the requirements for graduation.

We found that the children in care who graduated from high school as a group had GPAs about a third to a half point below the general population. This translates to about a letter grade below the general population. The general population graduated with about a B- average, while those few children in care who graduated had about a C+ average. Around 45% of the general population had an average of between a B and an A+, while only 25% of children in care graduated with this average (see Table 9).

Although the GPAs for children in care were approximately a letter grade below the general population, the GPAs of the two groups are not totally comparable. The GPA tells us nothing about whether the children in care took more remedial courses that would allow them to simply graduate from high school or whether they took courses that would lead them to college and university. An interesting question to ask, therefore, is what proportion

Table 9: Grade point averages

	Average GPA	Number	GPA 0–1	GPA 1–2	GPA 2–3	GPA 3–4
General population	2.85	332,857	3%	8%	44%	45%
All children in care	2.51	2,915	7%	10%	58%	25%
Temporary care	2.47	1,635	8%	10%	57%	25%
Continuing care	2.55	1,280	5%	10%	61%	25%
Aboriginal not in care	2.52	21,315	5%	14%	56%	25%
Aboriginal in care	2.43	749	7%	12%	63%	18%
Non-Aboriginal in care	2.54	2,166	6%	9%	57%	27%
Female not in care	2.97	271,072	3%	5%	39%	53%
Female in care	2.57	1,892	6%	8%	57%	29%
Male not in care	2.72	259,785	3%	11%	48%	37%
Male in care	2.39	1,023	7%	14%	61%	18%
Special needs not in care	2.48	16,020	5%	14%	57%	23%
Special needs in care	2.42	1,016	8%	12%	59%	22%
Non-special needs in care	2.53	1,899	6%	9%	58%	27%
Date: 1991–2006						

of children who arrived in Grade 12 qualified for an academic GPA. The academic GPA is defined as a student's mark in English 12 plus his or her best three provincially examinable courses (excluding Communications 12). This is the measure that the Ministry of Education and Ministry of Advanced Education use to determine what proportions of students are eligible to transition to post-secondary institutions.

Of the 3,276 children in care who took provincial exams before or during the school year 2003/04, only 237 (7.2%) were eligible for an academic GPA. This contrasts with the 217,861 out of 558,499 (39%) students from the general population who took provincially examinable courses during that period who qualified for an academic GPA. Very few children in care who graduated from Grade 12 were in an academic stream, and few were likely to go on to post-secondary education (see Table 10). Of the 237 children in care who graduated from high school and qualified for an academic GPA, 95% were college eligible and 46% were university eligible.

Very few children in care who graduated from Grade 12 were in an academic stream, and few were likely to go on to post-secondary education.

Table 10: Academic grade point average

Academic GPA	General population	Percentage	Children in care	Percentage
50-55	575	0.26	1	0.42
55-60	5,243	2.41	11	4.64
60-65	15,440	7.09	31	13.08
65-70	26,914	12.35	43	18.14
70-75	35,965	16.51	43	18.14
75-80	41,400	19.00	47	19.83
80-85	41,100	18.87	34	14.35
85-90	32,516	14.93	19	8.02
90-95	16,287	7.48	8	3.38
95-00	2,421	1.11	0	0.00
Total	217,861	100.00	237	100.00
College Eligible	212,043	97.33	225	94.94
University Eligible	133,724	61.38	108	45.57

Date: 1991-2004

Post-secondary education

Highlights

- *The limited information available suggests that very few former children in care arrive in post-secondary programs.*
- *However, those who do make it to post-secondary education appear to succeed, completing their programs of choice.*

Issues and implications

- *Increasing the number of children from care in post-secondary programs will require increasing the number of children from care graduating both from high school and from the academic stream.*
- *Currently, the Ministry of Children and Family Development does not provide any non-financial support that facilitates children in care going on to post-secondary education after they turn 19.*
- *YEAF funding is available only for children who were in continuing care.*

There is not a lot of information about what happens to youth in care after they leave school. We were able to obtain information through the Ministry of Advanced Education on former youth in care who had accessed the Youth Educational Assistance Fund (YEAF) and link this to our Ministry of Education data to get some insight into what happens to those youth. The YEAF program was developed by the Ministry of Children and Family Development, through the Victoria Foundation, and application to the fund is administered by the Ministry of Advanced Education.

The YEAF program has funded 340 youth since it began in 2001 and has distributed more than $2.3 million through 536 awards. Former youth in continuing care can reapply yearly between the ages of 19 and 23. The maximum bursary for 2007 was $5,500 – up from $2,500 in 2002. Former youth in continuing care must be enrolled in a school recognized by the Ministry of Advanced Education to qualify for funding, although the list of designated schools is extensive. The programs that former youth in care enrolled in also ranged widely, including shorter-term courses offered by private institutes, community college programs and university degree programs.

We were able to link 305 of the 340 YEAF recipients to their Dogwood graduation records, which showed 160 (52%) having graduated from high

Table 11: YEAF recipients by program type, 2002–2006

Type of program	Percentage of YEAF recipients*	Study examples
University degree program	17%	Arts, science, university transfer
College (e.g., Douglas College)	31.5%	Arts, business, general studies
Technical school (e.g., BCIT)	4.5%	Business, trades
Community College/Institute (e.g., Sprott Shaw)	37%	Business administration, administrative assistant, community support worker
Hairdressing/esthetics	10%	Hairdressing/esthetics

*for most recent year student received funding

school within six years of reaching Grade 8. It is not surprising that there was a much higher percentage of YEAF recipients who graduated than there was among the overall population of children in care; one would expect that youth in care who seek out funding for continued education would constitute a higher proportion of those who successfully completed high school.

YEAF support for youth in continuing care has increased since the program's inception; however, the number of youth in continuing care able to take advantage of the YEAF funding has been low. Between 2002 and 2006, 7.5% of youth between the ages of 19 and 23 formerly in continuing care received YEAF funding at least once.

Some 37% of youth aging out of care who received YEAF funding went on to community college, taking such courses as business administration and office administration (see Table 11). College was the next most common choice, attended by 31% of those who received YEAF funding. It is encouraging to note that the Ministry of Advanced Education reported that those youth who accessed the YEAF funding appear to be completing their programs of choice for the years they received funding.

To date, a small percentage of children in care have been able to take advantage of YEAF funding. Increasing those numbers will require supporting vulnerable children as they enter the school system to ensure that they obtain the fundamental building blocks for educational success and to raise graduation numbers. Upon graduating from high school and leaving care, these young people will require ongoing financial supports like YEAF as well as personal and emotional support to ensure post-secondary success.

2.3 Comparisons

Highlights

- *Children in temporary care appear to fare as poorly as children in continuing care, suggesting that additional educational supports are needed within the school system for all children who are or have been in care.*
- *Aboriginal children in care have poorer educational outcomes than non-Aboriginal children in care and non-Aboriginal children with special needs.*
- *Male children in care have substantially poorer graduation rates than females in care and are more likely to be identified as having special needs.*
- *Children in care who are not identified as having any special needs still graduate only about a third of the time.*

Issues and implications

- *Being in care at any point in a child's life is a significant marker of increased vulnerability, with poorer life outcomes.*
- *All children who have been in care, not just those in continuing care, would benefit from additional educational supports to improve educational performance and graduation rates.*
- *We need to understand specifically why Aboriginal children in care have the very poorest educational outcomes.*
- *Low graduation rates cannot be accounted for solely on the basis of the high number of children in care with special needs.*

In preparing this report, we have compiled a great deal of information on the educational experience of various sub-populations, such as children in temporary care and Aboriginal children. We have put all of their educational outcomes into tables to compare and contrast their experience in the school system. In this chapter, we compare the educational outcomes of:

- children in temporary care and children in continuing care

- Aboriginal and non-Aboriginal children in care
- male and female children in care, and
- children in care with and without special needs.

Temporary care and continuing care

When we look at all of the educational measures, children in temporary care seem to be as vulnerable as children in continuing care. Children in this group are often in and out of care, with less stability than children in continuing care. There has not been much research done to determine what effect being in temporary care has on a child. Much more attention is paid to children who are in continuing care.

Our research shows that the outcomes for children who have been in temporary care are the same as and in many cases worse than the outcomes for children who have been in continuing care. Only 18% of children in temporary care will graduate from high school, in contrast to 27% of children in continuing care. Only 18% of children in temporary care will graduate from high school, in contrast to 27% of children in continuing care. This further supports the need for educational supports within the school setting for all children who are or who have been in care.

Table 12: Results for children in temporary care and continuing care

	Temporary care	Continuing care
Number in care	21,775	10,411
Percentage with special needs	48%	57%
Average school moves by age 18	6.6	6.6
Percentage Aboriginal	42%	49%
Percentage meeting or exceeding Grade 4 FSA (2005)		
Numeracy	49%	46%
Reading	39%	47%
Writing	55%	60%
Percentage meeting or exceeding Grade 7 FSA (2005)		
Numeracy	37%	38%
Reading	37%	40%
Writing	49%	52%
Percentage passing provincially examinable courses		
Biology 12	69%	71%
Chemistry 12	73%	85%
Physics 12	86%	66%
Math 12	75%	76%
Communications 12	93%	90%
English 12	90%	91%
Geography 12	89%	90%
History 12	80%	74%
Average GPA	2.47	2.55
Six-Year Dogwood Completion rate	18%	27%

Sources: Tables 2, 6, 9, and 23–36, and Figure 8
Note: All dates are from the source tables except for the FSA results which report 2005 only

Aboriginal and non-Aboriginal children in care

In the general population, Aboriginal children do not do as well in terms of educational outcomes as non-Aboriginal children. This difference also manifests itself among Aboriginal and non-Aboriginal children who have been in care.

Even though non-Aboriginal children are brought into care for many of the same reasons as Aboriginal children and are among the most vulnerable children in British Columbia, they still do better when measured on educational outcomes than Aboriginal children who have been brought into care. Aboriginal children in care have poorer outcomes when measured on reading, writing and numeracy in grades 4 and 7 than do non-Aboriginal children in care. They also have slightly more school moves, and a small percentage more are identified with special needs than are children in care who are non-Aboriginal. Aboriginal children in care have poorer outcomes than non-Aboriginal children in care in reading, writing and numeracy in grades 4 and 7, as well as more school moves, and a small percentage more are identified with special needs.

Table 13: Results for Aboriginal children and non-Aboriginal children in care

	Aboriginal children in care	Non-Aboriginal children in care
Percentage with special needs	53%	50%
Average school moves by age 18	6.8	6.5
Percentage meeting or exceeding Grade 4 FSA (2005)		
Numeracy	42%	53%
Reading	33%	50%
Writing	51%	62%
Percentage meeting or exceeding Grade 7 FSA (2005)		
Numeracy	31%	44%
Reading	30%	47%
Writing	46%	54%
Percentage passing provincially examinable courses		
Biology 12	63%	72%
Chemistry 12	63%	81%
Physics 12	64%	81%
Math 12	81%	75%
Communications 12	90%	92%
English 12	87%	92%
Geography 12	86%	91%
History 12	65%	80%
Average GPA	2.43	2.54
Six-Year Dogwood Completion rate	16%	24%

Sources: Tables 2, 6, 9 and 23–36, and Figure 11
Note: All dates are from the source tables except for the FSA results which report 2005 only

Although the differences are not great between the Grade 12 provincial exam scores of Aboriginal and non-Aboriginal children in care, the differences in participation rates are. Non-Aboriginal children in care have a higher Six-Year Dogwood completion rate

than do Aboriginal children in care. Approximately 24% of non-Aboriginal children in care graduated from high school, in contrast to 16% of Aboriginal children in care.

Male and female children in care

When we look at males and females in care we find that 60% of males had been identified as having special needs, compared to 42% of females. Overall, females scored higher on their grade 4 and 7 FSAs. Both males and females pass their Grade 12 exams at quite a high rate, although the percentage of children in care taking Grade 12 exams is low, which is reflected in the low graduation rates among children in care. Females in care have a higher overall grade average than males – 2.57 compared with 2.39.

The most noticeable difference between females and males in care is the rate at which they graduate. 26.6% of females graduate, compared with only 15.9% of males.

Table 14: Results for males and females in care

	Males in care	Females in care
Number in care	15,972	15,937
Percentage with special needs	60%	42%
Average school moves by age 18	6.6	6.6
Percentage meeting or exceeding Grade 4 FSA (2005)		
Numeracy	46%	48%
Reading	38%	44%
Writing	47%	66%
Percentage meeting or exceeding Grade 7 FSA (2005)		
Numeracy	38%	36%
Reading	35%	41%
Writing	43%	57%
Percentage passing provincially examinable courses		
Biology 12	75%	69%
Chemistry 12	83%	75%
Physics 12	62%	66%
Math 12	72%	79%
Communications 12	90%	93%
English 12	87%	92%
Geography 12	88%	91%
History 12	86%	71%
Average GPA	2.39	2.57
Six-Year Dogwood Completion rate	15.9%	26.6%

Sources: Tables 2, 6, 9 and 23–36, and Figure 11
Note: All dates are from the source tables except for the FSA results which report 2005 only.

Children in care with and without special needs

There is a substantial difference between the FSA scores of children in care with special needs and those of children in care who do not have special needs. The FSA scores of children in care with special needs are only about half those of children in care without special needs. Children in care both with and without special needs pass their Grade 12 exams at a relatively high rate, which seems to suggest that children in care who make it to Grade 12 are quite capable.

However, the very low graduation rates are a reflection of how few children in care make it to Grade 12 and write provincial exams. We see that fewer than 12% of children in care with special needs graduate from high school. Perhaps even more alarming is that when we control for students who have special needs and look only at the graduation rate for children in care who do not have special needs, we find that just over a third of them will graduate.

Table 15: Results for children in care with and without special needs

	Special needs in care	Non-special needs in care
Number in care	16,297	15,611
Percentage of children in care	51%	49%
Average school moves by age 18	6.8	6.2
Percentage Aboriginal	52.5%	42.8%
Percentage meeting or exceeding Grade 4 FSA (2005)	28%	61%
Numeracy	26%	52%
Reading	34%	73%
Writing		
Percentage meeting or exceeding Grade 7 FSA (2005)	23%	52%
Numeracy	26%	50%
Reading	33%	67%
Writing		
Percentage passing provincially examinable courses		
Biology 12	67%	71%
Chemistry 12	84%	77%
Physics 12	83%	78%
Math 12	74%	76%
Communications 12	90%	93%
English 12	87%	92%
Geography 12	83%	91%
History 12	76%	77%
Average GPA	2.32	2.53
Six-Year Dogwood Completion rate	11.8%	34.2%

Sources: Tables 2, 6, 9 and 23–36, and Figure 11
Note: All dates are from the source tables except for the FSA results which report 2005 only

2.4 Transitions: Following a Cohort of Grade 1 Students

Highlights

- *In a cohort of Grade 1 students from 1991/92, children in care transitioned from grade to grade at just slightly below the provincial average for all of their elementary and middle school years. By Grade 9 the gap widened significantly, and by Grade 12, 48% of children in care were a grade or more behind in the school system, compared with only 14% of the general population.*
- *The drop-out and mobility rate for children in care in the cohort was below the general population rate until they reached the age of 16, when a significant number of children in care appeared to drop out.*

Issues and implications

- *Grade-to-grade transition in elementary and middle school years is not a good indicator of how well a child in care is learning, because children in care appear to be moved along with their peers regardless of school performance. Grade transition becomes a better indicator for school performance in high school, but is likely more of a reflection of the cumulative lack of skill development in the earlier grades than simply a reflection of failure at the higher grades.*
- *The fact that the majority of children in care remain in school for at least 12 years (until age 16) is important, because as long as they are in the school system there is an opportunity to try to meet their learning needs.*

Although it is important to understand how well children in care perform in school, it is also important to understand how well children in care are transitioning through the school system. Ideally, a child should progress to a higher grade each year. However, with children in care, this is not usually the case.

In order to understand how well children in care are transitioning through the school system, we selected a cohort of Grade 1 students from 1991/92 and followed them through the school system. This measure allowed us to examine all the possible paths that children in care can follow, including graduating.

The cohort approach

In a recent report on the educational outcomes of children in Manitoba, Brownell, Roos, Fransoo, et al. (2006) pursued a similar methodology. Using the cohort approach, they report graduation rates for the children in the lowest socio-economic class in Winnipeg (37%) and outside of Winnipeg (16%) that are similar to the graduation rates of our cohort of children in care. The two approaches are not totally comparable, but they show the value of tracking children's outcomes over time. The use of a population-based methodology or cohort approach allows us to understand more fully the different paths and difficulties that children in care experience over time that point-in-time statistics may not reveal.

transitioning successfully from grade to grade, being held back a grade, being placed in an alternative program, moving to another jurisdiction, and dropping out of school.

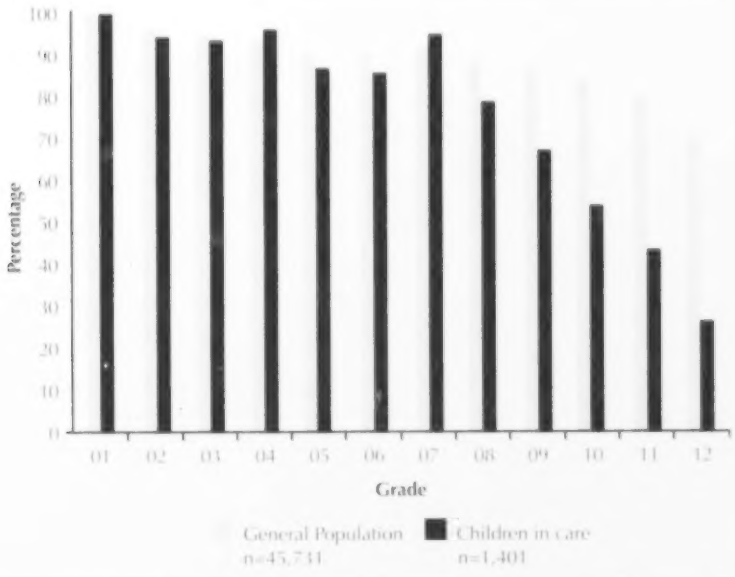
We chose a cohort specifically starting Grade 1 in 1991/92, as they would be graduating in 2002/03. We could then follow them for three years after they were supposed to graduate to determine 1) how long they stayed in the school system, 2) whether they came back into the school system after dropping out, and 3) whether they graduated subsequently.

Only 28% of children in care were in Grade 12 in the expected year, compared with more than 70% of children in the general population.

Grade-to-grade transitions

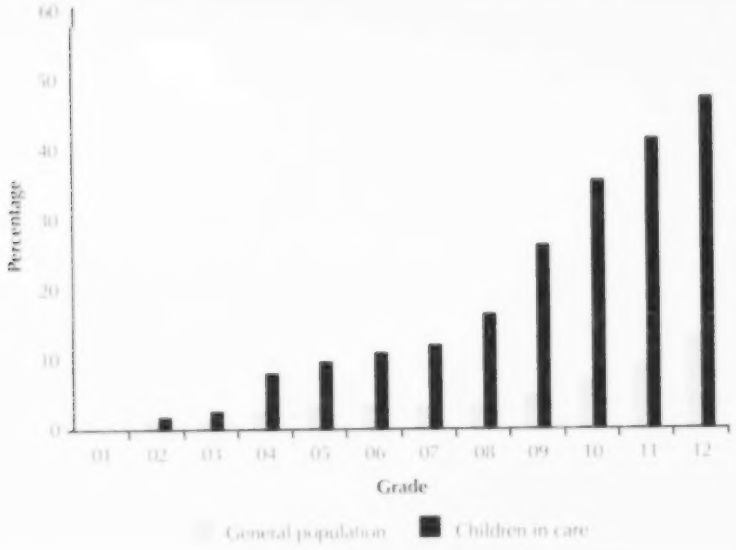
When we examined the transition rates of children in care in the cohort, we found that they transitioned from grade to grade at just slightly below the provincial average for all of their elementary and middle school years. When they reached Grade 9, however, they began to experience great difficulties transitioning to higher grades in a timely manner. This is probably a reflection of the cumulative lack of skill development in the earlier grades, as shown in Tables 9 to 14, rather than simply a reflection of failure at the higher grades.

Figure 25: Grade 1 cohort grade-to-grade transitions



Only 28% of children in care were in Grade 12 in the expected year. By comparison, just over 70% of the children who were not in care were in Grade 12 in the expected year. Three years after the expected year of graduation, more than 88% of the cohort had arrived in Grade 12, while only 45% of children in care ever arrived in Grade 12 (see Figure 25).

Figure 26: Grade 1 cohort students one or more grades behind



At Grade 4, children in care in the cohort begin to experience substantial difficulty transitioning to higher grades. The percentage of children in care who were behind a grade or more in the school system was 8% at Grade 4, had doubled to 17% by Grade 8, and had doubled again to over 36% by Grade 10. By Grade 12, 48% of children in care were a grade or more behind in the school system. In contrast, only 14% of the general population were a grade or more behind by Grade 12 (see Figure 26).

Drop-out and mobility rates

The Ministry of Education adjusts its estimate of the provincial graduation rate by approximately 10% to account for students moving to another province. Our estimate of the provincial mobility rate is approximately the same. Using linear interpolation, we believe that 10% of the cohort had moved to another province or jurisdiction by Grade 12 as well. In contrast, only 5% of children in care were likely to leave the province by Grade 12. This lower mobility rate is not unreasonable given that a large portion of them are children in continuing care.

By Grade 12, 48% of children in care were a grade or more behind, compared with 14% of children in the general population.

The drop-out and mobility rate for children in care in the cohort was actually below the general population rate for most of their years spent in the school system. However, when they reached the age of 16, a significant number of children in care appeared to drop out. We estimate that approximately

22% of children in care in the cohort dropped out of school by Grade 12. In comparison, only 7% of the children not in care had dropped out of school by this time (see Figure 27).

What is interesting is not only how few children in care arrived in Grade 12 on time, but also how few of them had actually dropped out at age 16, given the tremendous difficulties they had experienced throughout their lives up to that point. Children in care remain in school for an appreciable amount of time. This is an interesting phenomenon, because it means that these children are not lost to the educational system. There is an opportunity to make a difference in their lives.

Although the longer period of time that children in care spend in school is indicative of the struggles that they have in school, it is also possible that it is indicative of their resiliency. More than 74% of children in care in the cohort spent the expected 12 years in school, in contrast to 84% of the general population (see Figure 28). The majority of these students did not reach Grade 12, but they did not quit either. Almost 44% of children in care spent 13 or more years in school, in contrast to 19% of the general population. Despite being given the opportunity to drop out at age 16, these children persisted in trying to

Figure 27: Grade 1 cohort drop-out and mobility rate

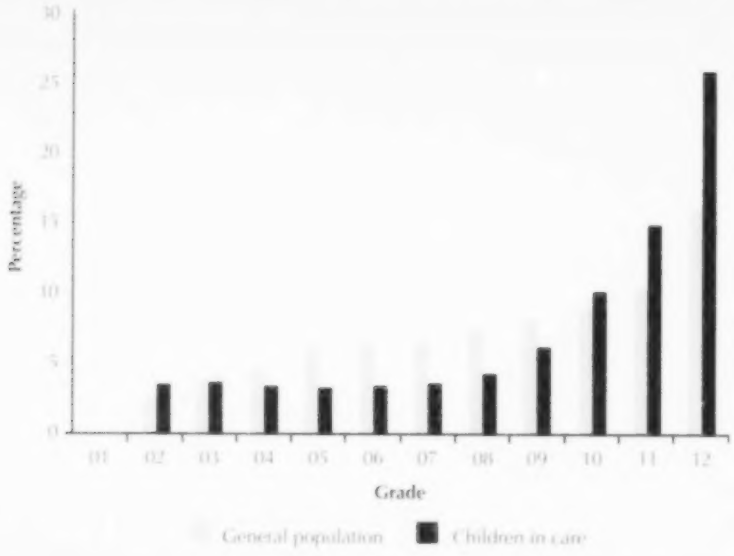
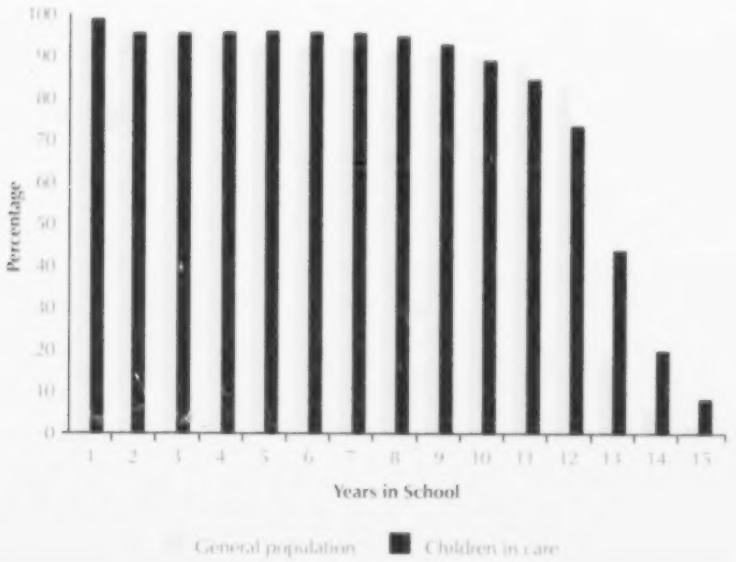


Figure 28: Number of years in school for Grade 1 cohort



finish school. However, the children in care who persist and make it to Grade 12 struggle to finish. Just under 59% of children in care in the cohort who made it to Grade 12 spent longer than the expected 12 years in school. In contrast, only 18% of the children who were not in care who made it to Grade 12 stayed in school longer than 12 years.

Highest grade attained

We also looked at the highest grade attained by children in care in the cohort. This does not mean that they graduated from this grade – just that they made it. Close to 88% of students in the general population in the cohort made it to Grade 12, while some 45% of children in care made it to Grade 12 (see Figure 29). Children in care are almost five times more likely to stop school after arriving in grades 8–11 and Secondary Ungraded than students in the general population.

We do see evidence that children in care are doing somewhat better in school. In the last few years, the number of children in care arriving in Grade 12 on time has risen from 28% to 33% (see Figure 30). This trend should be followed to determine whether the graduation rate of these children is increasing as well.

Approximately 22% of children in care in the cohort dropped out of school by Grade 12, compared with 7% of children in the general population.

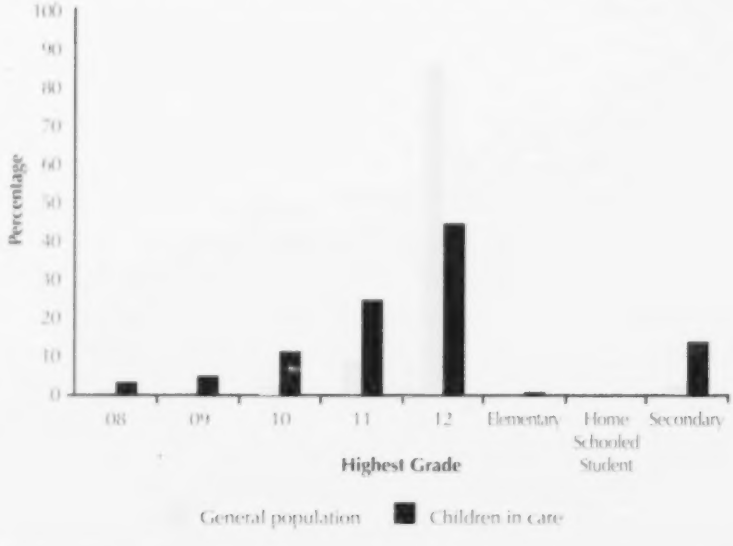
59% of children in care in the cohort who made it to Grade 12 spent longer than the expected 12 years in school, compared with 18% of children in the general population.

Graduation rate

These measures only tell us whether the students successfully made the transition from grade to grade. They do not tell us whether the children ever successfully graduated from school. Calculating the true graduation rate for this cohort of Grade 1 students requires adjusting the cohort base by the mobility rate to arrive at the estimated graduation rate.

Factoring in mobility, we estimate that 78% of the cohort achieved their Dogwood Certificate within six years of arriving in Grade 8. However, only

Figure 29: Highest grade attained by Grade 1 cohort



20% of children in care graduated from high school within this timeframe (see Table 16). The obvious corollary to this is that 80% of children in care did not complete high school, in contrast to 22% of students in the general population. The general population was 3.5 times more likely to graduate from high school than children in care.

Figure 30: Percentage of cohorts that make it to Grade 12 on time

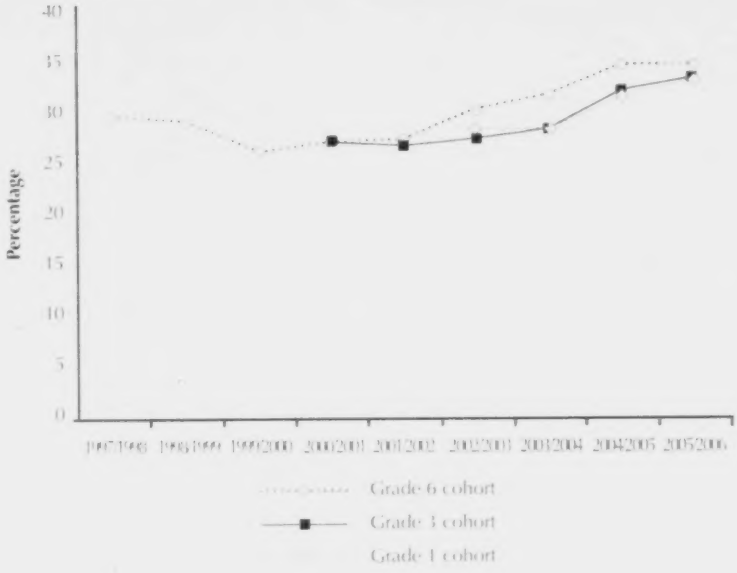


Table 16: Grade 1 cohort graduation rate

Six-Year Dogwood Completion rate	Graduated successfully	Cohort base	Estimated mobility rate	Adjusted cohort base	Estimated graduation rate	Estimated non-completion rate
General population	31,927	45,739	10%	41,165	78%	22%
Children in care	270	1,401	5%	1,331	20%	80%

Children in care are almost five times more likely to stop school after arriving in grades 8–11 than students in the general population.

3. Reflections and Recommendations

When a child is taken into care, the government assumes the role of the parent to ensure the safety and well-being of the child. Although ensuring the safety of a child is of paramount importance, it is not synonymous with ensuring the well-being of a child. Justice Hughes (2006) points out that "Safety is about protection from abuse and neglect. Well-being is about a child's social, educational, and developmental progress" (p. 75). The government as parent then should also be concerned with ensuring that children in its care achieve their maximum potential.

As we noted in the introduction to this report, parents want their children to be healthy and well educated, and to grow up to have happy and healthy lives. They want their children to stay out of jail, to get a job and to avoid the welfare system. The United Nations *Convention on the Rights of the Child* (UNICEF, 2005) asserts that it is the right of the child to have its education directed towards "the development of the child's personality, talents and mental and physical abilities to their fullest potential" (p. 15).

However, a child who is taken into care at any point in his or her life will probably not graduate from high school. We found that more than half of children in care were not school-ready upon entering Kindergarten. Over half of children in care did not meet provincial standards for reading and numeracy skills in grades 4 and 7. This is a tragedy which calls out for immediate and systemic action.

At present, it is difficult for the Ministry of Children and Family Development to monitor and plan for the educational progress of children in care. It has care plans for children in care, but because it does not share data with the Ministry of Education, it does not necessarily know if these children are learning to read, write and do arithmetic. It also does not necessarily know whether children in its care are graduating from high school or how many times a child in care has moved from one school to another and the impact of this on school performance.

The findings in this report clearly point to the need for focused early childhood development strategies to improve the outcomes of children in care and other vulnerable populations in British Columbia. However, British Columbia does not have a coherent or comprehensive early childhood development strategy to

increase the percentage of children who are ready for school upon entering Kindergarten.

The Province of British Columbia needs tools to determine whether educational and early childhood development strategies are working. At present, such tools are lacking. The tool used to determine what percentage of our children are school-ready upon entering Kindergarten is only administered to part of the kindergarten enrolment, and the tool used to assess the reading, writing and numeracy skills of our children is not being administered to a large proportion of vulnerable students.

One out of seven Aboriginal children will be taken into care at some point in their lives. The Ministry of Education has made a concerted effort to improve the educational outcomes of Aboriginal children in our province; however, it has achieved limited success in improving the outcomes of Aboriginal children in care. The provincial educational strategy for Aboriginal peoples must take into account the large number of Aboriginal children who have been taken into care and the negative outcomes associated with these children.

Once within the school system, the state of planning and resources for children in-care is inconsistent. It is clear that there is a high rate of mental health difficulty among children in care (British Columbia, Provincial Health Officer & Child and Youth Officer, 2006). Almost a third of children in care were struggling with serious mental illness and behavioural issues at school. However, it is not clear whether the special needs resources dedicated to improving their educational outcomes and assisting these children in life are coordinated, efficient or effective. In addition, the educational plans to address the special needs of children in care are inconsistent or absent.

Most children leave care at age 19 without graduating from high school. They enter the adult world with few supports. Given all the difficulties they have struggled through as children and youth, it is unrealistic to expect them to not need supports to achieve success as they enter adulthood. It is imperative that these children receive social, emotional and financial supports to continue their education in a post-secondary setting as they "age out" of care.

The Representative for Children and Youth will be convening a special children's forum in 2008 and will invite the child-serving ministries to respond to the recommendations below or identify other strategies currently in place to address the educational gaps for children in care.

Report on educational progress

A powerful predictor of a child's success in school is whether or not that child has been in care. In turn, success in school is a powerful predictor of a child's future social and economic success. In order to help a child in care achieve his or her full potential in school, it is necessary to know whether the child has passed or failed a grade. It is also necessary to know whether children in care are struggling in school, and how many different schools children in care attend and whether these school moves support or challenge their academic progress.

The Hughes Review (2006) recommended that the Ministry of Children and Family Development monitor, track and report on the health and well-being of the children in its care. The Hughes Review specifically recommended that:

- "The Ministry should establish a comprehensive set of measures to determine the real and long-term impacts of its programs and services on children, youth and their families and then monitor, track and report on these measures for a period of time" (p. 78).
- "The Ministry should continue to work with other BC ministries to establish common measures and linked data sets" (p. 78).
- "Once collected and analyzed, data must be used as a tool to support operational and management decision making, and program evaluation and policy development" (p. 79).

Building on these recommendations from the Hughes Review, the Ministry of Children and Family Development should begin collecting the personal education numbers (PEN) for every school-aged child in care. Collecting these numbers will make the task of reporting easier and allow the Ministry of Children and Family Development to monitor and plan for the educational progress of each of its children at an individual level, as well as to report to the public on education outcomes as it takes steps to improve outcomes for children in care.

As the research conducted to prepare this report demonstrates, it is not necessary for the Ministry of Children and Family Development to have a PEN to report on the educational progress of children in care. However, to effectively manage the educational programs and services of children in care, the ministry needs timely and detailed information about their school performance.

The Ministry of Children and Family Development cannot hope to manage the educational performance and progress of the children it has taken into care unless it begins to keep track of their progress in school. Since educational success is extremely important for the future social and economic success of children, the ministry should take steps to ensure that it knows the number and current school location of children who are, or who have been, in care. This information should be collected by September 2007. Once these children have been identified, the ministry should work with the school districts to develop specific programming that will help these children to achieve better educational outcomes.

This again builds on a recommendation from the Hughes Review, that:

> The Ministry of Children and Family Development should not rely on research agreements to collect and link personal information from other ministries and public bodies: it has the authority under *Child, Family and Community Service Act* s.96 to collect information and to use it to make decisions about individual children (p. 117).

Hughes clearly indicates that the Ministry of Children and Family Development should "gather data about children from the Ministries of Health, Education and others, and use it the way a parent would, to make decisions about individual children" (p. 154).

At an aggregate level, we would like to see the Ministry of Children and Family Development report annually on the educational attainment of children in care beginning September 2007. The report should include the number of children in care attending school in the 2006/07 school year, the proportion meeting expectations at Kindergarten, Grade 4, Grade 7, Grade 10 and Grade 12. It should also include a report of school leaving rates and mobility from school to school. The Ministry of Education's annual report, *Aboriginal Education: How are we Doing*, provides a suitable reporting format.

Recommendation 1: For the Ministry of Children and Family Development

The Ministry of Children and Family Development should:

1) By September 2007, know the number of school-aged children who are, or who have been, in care and the school districts in which these children are enrolled;

2) Immediately begin the process of collecting the personal education numbers for every child in care to allow tracking and planning the educational progress of each child at an individual level;

3) By October 2007, using aggregate data, begin publicly reporting on the educational attainment levels of children in its care on an annual basis;

4) By October 2008, report on changes in educational attainment of the above children, and the educational attainment of children newly taken into care.

The early years

In our first report, we noted:

> Whenever public investment in strategies to improve outcomes for children and youth are being considered, the critical importance of the early years of life in the development of the child must be stressed. Although interventions later in life can be effective, it is in these early years that the foundation is established for competence and coping skills that will affect learning, behaviour and health throughout a child's life. In these early years, children thrive within families and communities that can meet their physical and developmental needs and provide security, nurturing, respect and love. (p. 65)

The importance of early childhood development was emphasized in the Provincial Health Officer's 2002 annual report, *The Health and Well-Being of People in British Columbia*, the Child and Youth Officer's special report, *Healthy Early Childhood Development in British Columbia: From Words to Action*, and again in the joint special report, *Health and Well-Being of Children in Care in British Columbia: Report 1 on Health Services Utilization and Mortality*.

The present study confirms the importance of the early years in the development of the child. For too many disadvantaged children, educational deficits are deeply-rooted by the time they arrive in Kindergarten. For many, they will never be overcome. This is a tragedy and presents a clear challenge: improve the educational achievement and outcomes of children in care.

Early childhood development is a field that is developing quickly, in good part as a result of the growing recognition of its importance by governments around the world. A corresponding increase in attention to infant development and early childhood education is apparent across Canada and within British Columbia. There are many programs in place in the province to strengthen parenting and to help vulnerable children, and many more similar initiatives are being carried out in the voluntary sector. However, we do not know who is enrolled in these programs. We do not know if they are serving children at risk, and have no way of assessing the effectiveness of their services for children at risk or children in care.

British Columbia still lacks a coherent early childhood development strategy. The experience of other jurisdictions shows that we require simple, shared and measurable objectives for early child development programs, while leaving ample latitude for local partnerships to reach these objectives in urban and rural communities across the province.

It is important that we have a standardized tool to measure the state of early childhood development within the province. Such a tool is required if we are to determine whether initiatives undertaken to improve the health and well-being of children have been effective.

The Ministry of Children and Family Development has already invested in administration of the Early Development Instrument (EDI), which is one such tool. However, the EDI only collects information on a sample of students each year. The EDI is within the performance framework of the Ministry of Health and is considered to be an indicator of population health. We recommend that the Ministry of Education take responsibility for administering the EDI to every child entering the province's school system.*

The EDI is administered under the auspices of the Human Early Learning Partnership (HELP) at the University of British Columbia. Only a portion of kindergarten students are assessed each year. It is a promising tool that could be used to identify vulnerable groups of children who will need additional supports to develop the basic building blocks on which future school success depends. If it proves to be an effective tool for predicting whether children will have future difficulties in school and are more likely to come into care, then resources could be directed to reducing the likelihood of future difficulties.

It is important for the EDI to take into account the cultural needs and diversities of First Nations communities and children. Every effort should be made to ensure that the EDI is culturally appropriate by:

- training teachers to assess First Nations children in an appropriate manner
- testing the EDI rigorously to ensure that no bias towards First Nations children is present, and/or
- introducing components or questions into the EDI assessment geared specifically towards First Nations children that take into account their life experience and culture.

Recommendation 2: For the Ministry of Education

Implement the Early Development Instrument for every child in British Columbia at initial school entry, whether in Kindergarten or Grade 1.

At school

The participation rate of the Foundation Skills Assessment (FSA) has been declining every year since it was implemented. This declining rate is particularly pronounced for vulnerable populations such as children in care, Aboriginal children and children with special needs.

Declining FSA participation rates are a concern for two reasons. The first is that the performance of a large percentage of children from vulnerable populations is not being assessed. Children with special needs may be excused from participating in FSAs, and a high percentage of children in care have been designated as having special needs.

Vulnerable populations are as much in need of benchmarks as other children, if not more. They allow educators and caregivers to know whether they are acquiring reading, writing and literacy skills at a level that will allow them to meet the challenges of later grades and successfully graduate from high school. Without these benchmarks, it is harder to determine whether interventions designed to improve educational outcomes are working.

Secondly, declining participation rates can create the perception that children's reading, writing and numeracy scores are improving, when in reality it may be that those children who would do poorly on the tests are not being assessed. This has the effect of artificially inflating the scores and creates a

false perception that the system is improving. Vulnerable populations, such as Aboriginal children and children in care, are particularly affected by this phenomenon. As a society, we are interested in the percentage of children in our province who achieve a certain standard of reading, writing and numeracy, not the percentage of students who are reported to be eligible to participate. FSA results should be reported on the basis of all children in grades 4 and 7 within a particular year. They should not be reported on the basis of those children in grades 4 and 7 who are deemed capable of participating in the FSA.

Recommendation 3: For the Ministry of Education

Assess all children in the province on their reading, writing and numeracy skills.

Report Foundation Skills Assessment results for the total number of children at grade level, not just for those who wrote the assessment.

Special needs

Children who have been or are currently in care account for 13% of children with special needs in the province. More than 61% of children in care will have been identified with special needs by age 16. Males in care are particularly affected, with 74% being identified with special needs by age 16. In addition, children in care account for 30% of all children in the province with intensive behavioural intervention or serious mental illness needs.

A number of questions remain unanswered in regard to the large number of children in care with special needs:

- Are these children receiving appropriate services for their special needs in school and out of school?
- Who monitors their progress and access to special supports in school and in care?
- Are there services with known effectiveness that should be made available to children with special needs?
- Are the resources being provided capable of supporting better outcomes for children in care?

- Could the resources for children with special needs being provided by the Ministry of Education and the Ministry of Children and Family Development be coordinated in a better way to allow for better outcomes for these children?

The monies spent by the Ministry of Children and Family Development on children in care and their special needs are considerable. The ministry expects to spend more than $85 million on supports for children with special needs. It will spend another $34 million on supports for children with autism in 2006/07. Much of this money will be spent on children in care.

We estimate that in 2005/06 the Ministry of Education spent $279 million on students with special needs. Of that, nearly $48 million was spent on children who had been or were currently in care.

The resources dedicated to children with special needs are substantial. But we know that at least some of the money may not be used in the best possible way to meet the needs of children in care.[1] We also believe that increased coordination between the Ministry of Education and the Ministry of Children and Family Development in regard to financial supports for children in care who have special education needs might produce better educational and social outcomes for these children, as well as more efficient use of resources.

The Representative for Children and Youth would like to work with the Ministry of Children and Family Development, the Ministry of Education and the Ministry of Health to establish the framework for an audit or evaluation of the resources dedicated to the special needs of children in care in British Columbia. We recommend that, using this framework, the ministries jointly review their programs and services and report back to the Representative for Children and Youth by June 30, 2008.

The Representative for Children and Youth will be engaging in a parallel external review of special needs that will include examining Community Living BC and federal government spending on special needs for Aboriginal children. She has invited the Auditor General of BC and the Ministry of Finance to participate, as appropriate, in this review.

[1] *For example, we understand that some school districts use a portion of the funding allocated to them for special education to reduce the size of classes in which students with special needs are enrolled. This does not provide direct support for the students for whom the funding was allocated and has not been demonstrated to be an effective practice.*

Recommendation 4: For the Ministry of Children and Family Development, the Ministry of Education and the Ministry of Health

Assess the adequacy and effectiveness of resources dedicated to the special needs of children in care using a framework developed in conjunction with the Representative for Children and Youth.

Report back on the results of this audit/evaluation to the Representative for Children and Youth by June 30, 2008.

In our first report, we stated that 65% of children and youth in care have been diagnosed at least once with a mental disorder, compared with 17% of the general population. We recommended at that time, and we wish to reiterate, that the Ministry of Children and Family Development, using the expertise connected with the Child and Youth Mental Health Plan, conduct a review of the current status of identification and treatment of children and youth in care with anxiety and depression disorders, and develop a strategy to implement identified best practices.

School moves

An important determinant of a child's success in school is the degree of stability in his or her life. Children in care are much more likely to change environments. Not only are they removed from their homes and placed with foster parents, but they also change schools more frequently, which can mean further disruption as they change peer groups, teachers and familiar environs. This can create a sense of detachment from the school system and have adverse consequences for their performance in school and for graduation. The latest theories on how schools can reduce drop-out rates stress the importance of student engagement in school and learning. Lehr, Johnson, Bremer, Cosio, & Thompson (2004, p. 17) point out that Christenson (2002) shows that there are "four types of engagement and associated indicators":

- academic engagement – time on task, academically engaged time, or credit accrual
- behavioural engagement – attendance, avoidance of suspension, classroom participation, and involvement in extracurricular activities

- cognitive engagement – internal indicators, including processing academic information or becoming a self-regulated learner
- psychological engagement – includes identification with school or a sense of belonging.

The fact that children in care attend more than 1.5 times more schools on average by the age of 18 than students in the general population makes it more likely that children in care will have a much more difficult time feeling engaged in either school activities or learning. The constant disruption in their lives is an obstacle to any sense of belonging or identification with a school, in addition to the other difficulties they may face in life. Increasing the amount of stability in their lives may be a good first step towards allowing increased engagement with the school system and their peers. Providing a responsive and supportive school environment is also critical and school principals and superintendents should be provided with support on this matter.

There is no doubt that children who have many school moves have lower educational outcomes on average than their peers in more stable environments. Evidence of this correlation has been found in many jurisdictions. Rumberger (2003) has done a comprehensive survey of the academic literature on the effects of school mobility on academic achievement. The preponderance of evidence suggests that the cumulative effect of many school moves affects children's educational outcomes. A number of other studies that have controlled for family and demographic characteristics have found that frequent movers are less likely to graduate from high school (Haveman & Wolf, 1994). In the Canadian context, Kohen, Hertzman and Wiens (1998) also found that "numerous school changes were associated with higher odds of poor math achievement, grade repetition and behaviour problems for school age children. The greater the number of changes, the higher the risk for poor performance" (p. 2). Here in British Columbia, Aman (2005) has shown that there is a direct relationship between the number of schools a student attends and the probability of dropping out before graduating.

In view of the demonstrated strong relationship between school mobility and poor outcomes for students, the Ministry of Children and Family Development should strive to maintain a stable educational environment for children who are in its care.[6] To achieve this, a more formal mechanism is required, such

A large percentage of children in care have behavioural and mental health issues that can be exacerbated by frequent school moves. This is another reason that children in care should be kept in a stable environment.

as a protocol to allow the Ministry of Education and school districts to inform the Ministry of Children and Family Development when children in care move from one school to another. The comprehensive care plan for children must highlight school stability as an important factor for education achievement.

Recommendation 5: For the Ministry of Education, School Districts and the Ministry of Children and Family Development

Ministry of Education: When a child in care moves from one school to another, inform the Ministry of Children and Family Development within 24 hours.

Ministry of Children and Family Development: Reduce the number of school moves for children in care.

Mitigate the adverse effects of school moves by working with the sending and receiving schools when school moves are unavoidable, so that the child is supported and assisted in the new school.

Educational planning

Awareness of the specific educational and developmental needs of children is of critical importance in ensuring better educational outcomes. It is for this reason that the Ministry of Education requires schools to develop an individual education plan (IEP) for all children with special needs. Also, the Ministry of Children and Family Development is required to identify the educational needs of each child in care and to develop a specific plan for addressing those needs.

Educational planning is the one sphere in which the Ministry of Children and Family Development is required to formally engage the educational system with respect to the children in its care. However, in 2001, the British Columbia Children's Commission found that only 29% of educational planning for children in care was current and compliant with Ministry of Children and Family Development standards.

Planning can be complex for many children in care who may have multiple other needs that affect their ability to learn, which makes it especially important for both the Ministry of Children and Family Development and the

Ministry of Education to collaborate in determining how educational goals will be set for each child. Planning should not simply become an exercise in diagnosing learning deficits, but rather a process of identifying what specific resources and supports each child requires to ensure the greatest learning opportunities possible. Both the IEP and the plan of care should be timely and written in a manner that makes goals, tasks and responsibilities clear to the child, teacher, caregiver, the Ministry of Children and Family Development staff member responsible for the child, and other professionals. Planning for these children should be specific and identify steps to assist them. For the children who are not at grade level, steps should be identified to get them to grade level. If there are barriers to their performing at grade level, identify why this issue cannot be addressed and what the long-term consequences are if this issue cannot be addressed. Finally, the planner should identify steps to mitigate and plan around this barrier to allow the child to have the possibility of a more positive future.

The Ministry of Children and Family Development and the Ministry of Education should collaborate to ensure that caregivers, case managers, teachers and school principals use educational plans to manage the educational attainment of children in care.

There is currently no formal process between the Ministry of Education and the Ministry of Children and Family Development to update the Ministry of Children and Family Development on the educational progress of children in care. As the "parent" of these children, the Ministry of Children and Family Development should receive a report card describing how well every child is doing.

Recommendation 6: For the Ministry of Children and Family Development and the Ministry of Education

Ministry of Children and Family Development: Take the lead in ensuring that a common education plan is jointly developed with the Ministry of Education for each child in care, with care providers, family members and relevant support professionals involved in the planning process, including specific supports and accountability for these services.

Establish a monitoring mechanism to ensure that each child's plan is reviewed at least twice during the school year.

Establish a protocol between the two ministries to ensure that report cards for all children in care are sent to the Ministry of Children and Family Development, and that the Ministry of Children and Family Development follows up with schools as required to ensure that all children in its care are meeting targets and expectations, and where they are not, account for these gaps in a systemic annual review.

Aboriginal children

Some 55% of children in care are Aboriginal. Approximately one in seven Aboriginal children aged six to 18 in the province has been in care at some point in his or her life. In contrast, less than one in 50 non-Aboriginal children aged six to 18 has been in care at some point in his or her life. Because there are so many Aboriginal children in care, the fact that children in care have poorer education outcomes has a particularly significant impact on Aboriginal children.

Aboriginal children in care do more poorly than non-Aboriginal children in care on nearly every measure throughout their time in school. As a group, they have more special needs, more school moves, poorer cognitive skill development, and lower graduation rates.

A recent report by the Assembly of First Nations (2006) presenting its vision for First Nations child welfare asserts that "First Nations children must have an equal opportunity to grow up with their family, in their community and in their culture" (p. 1). The report stresses the importance of effective prevention and early intervention strategies in improving the well-being and living conditions of First Nations children and their families.

In order for this to happen, special strategies are required for Aboriginal children and youth in British Columbia, and these strategies must be developed in partnership with Aboriginal communities. The fact that Aboriginal children do even more poorly than the most vulnerable children from the non-Aboriginal community emphasizes the importance of these special strategies and the need to implement them with vigour and without delay.

In July 2006, British Columbia's provincial government, the federal government and the First Nations Education Steering Committee signed an

agreement to strengthen First Nations' capacity to exercise control over their education systems and institutions to improve Aboriginal student achievement and close the education gap between Aboriginal and non-Aboriginal British Columbians.

We are encouraged by these initiatives and believe that First Nations involvement and control over their education is extremely important. However, we would like to see further action on improving the educational outcomes of Aboriginal children generally and Aboriginal children in care specifically. The Ministry of Education is now entering into achievement contracts with school districts "to set specific goals for achievement." School districts "will also be responsible in their achievement contracts for achieving specific results for Aboriginal students" (Ministry of Education, 2007). We would like to see any strategies that are formed by the school districts take into account the high number of Aboriginal children who are or who have been in care and the poor educational outcomes associated with being in care. We would recommend a strategy to address the low graduation rate of Aboriginal children in care and increase the percentage of Aboriginal children in care with grade level reading, writing and numeracy skills. In addition, any strategies put in place must emphasize the cultural needs of Aboriginal children.

Recommendation 7: For senior policy-makers in the Ministry of Education, school boards and the Ministry of Children and Family Development, and Aboriginal communities

Devise a strategy using the enhancement agreement that takes into account the high number of Aboriginal children who have been in care that will:

1) identify problem areas that need to be addressed for Aboriginal children in care specifically
2) develop an action plan to address these problems, and
3) set out specific targets that will be measurably improved within five years.

These targets should include a higher graduation rate and a higher percentage of Aboriginal children in care with grade level reading, writing and numeracy skills.

After age 19

It has become a societal norm that parents continue to support – emotionally, practically and financially – their children as they transition to adulthood. Children in care are more vulnerable and generally have far fewer resources at their disposal than do children who have never been in care. As shown in this report, a high percentage of children in care have not completed high school by the time they reach the age of majority. Many will require ongoing support past the age of 19 to help them complete basic educational requirements and address ongoing mental health and other needs. We also noted this in our first report, when we looked at the health of children reaching the age of majority and leaving care. Children in care are far less equipped to successfully transition to adulthood, yet they are expected to do so with fewer resources than children who have never been in care.

Currently, there are a number of educational funding opportunities for children in care through provincial and federal initiatives. Additional cross-government post-majority services are required to prepare children in care to make use of these opportunities and assist and support them in doing so. Supports should be put in place at educational institutions and within the community to allow these children to succeed.

Although financial support is important, it is not sufficient to help these young people successfully transition to adulthood. For many young people, transition means leaving home and returning, trying new things and being supported in trying again if success is not achieved the first time. It is not reasonable to expect young people in care, who have fewer resources to draw on, to successfully transition to adulthood without providing this same type of support.

The experience of children in care in the educational system further reinforces Recommendation 9 in our first report, which calls for the provincial government to develop a cross-ministry plan for post-majority supports for youth leaving care, with the Ministry of Children and Family Development taking the lead.

Although Hughes (2006) did not specifically recommend that the Ministry of Children and Family Development establish a program for post-majority supports, he makes clear his support for such a program when he says:

> I also heard about the importance of support from young people who have been in care, making the transition to adulthood at age 19. Formerly, there was support available for these young adults, just as parents will try to help their young adult children who are continuing with school or training. I trust that there will be support in the new budget allocations to allow for the return of this important program (p. 100).

The number of children moving through the school system is expected to decline significantly over the next few years. This will produce a large number of openings at the university and college level as demand for education drops off. A certain number of those spots should be designated specifically for children in care.

Recommendation 8: For the Ministry of Children and Family Development, the Ministry of Education, the Ministry of Advanced Education and post-secondary institutions

Ministry of Children and Family Development: Provide financial and other supports for youth leaving continuing care at age 19 to assist with ongoing education, training, upgrading and life skills development.

Ministry of Advanced Education: Work with the Ministry of Children and Family Development, the Ministry of Education and post-secondary educational institutions to reach out, attract and mentor youth from care to increase the number of youth both attending and successfully completing post-secondary educational programs.

Try something different

This report has shown that children in care are already behind their peers when they start school, and fall further behind over time. They are twice as likely to not be ready for school and twice as likely to fail to meet provincial reading, writing and numeracy standards in grades 4 and 7 as children in the general population. They are four times more likely to fail to make it to Grade 12 and more than 10 times more likely not to graduate with an academic GPA than are children in the general population.

While having special needs is a huge impediment to graduating for children in care, it is not the main source of the difference between children in care and other children. Only a third of children in care who had no special needs graduated. Clearly, the system as it currently operates does not result in the desired outcomes for children in care, and additional measures are needed.

Improvements at every step will have a payoff. Tyler (2004) found that mastery of cognitive skills during high school translated into higher wages in the U.S. labour market, even for those who did not graduate. High school drop-outs with strong cognitive skills did significantly better in the labour market, earning higher wages on average and having a greater chance of being employed than did high school drop-outs with weak cognitive skills. In the Canadian context, Finnie and Meng (2006) found that literacy and numeracy skills increase high school drop-outs' chances of being employed and having more hours and weeks of employment.

But the biggest payoff comes from graduation. High school graduates make more on average than drop-outs with comparable cognitive skills. They also have better health, income assistance and incarceration outcomes as adults than high school drop-outs.

Interventions to improve education outcomes are available for every age group, from pre-Kindergarten to high school leaving. Intensive pre-Kindergarten intervention has received a tremendous amount of attention in the media as a result of the spectacular benefit-cost ratio reported for the Perry pre-school project (Belfield, Nores, Barnett, & Schweinhart, 2006). However, the contrast between these results and the results from Head Start (Currie & Thomas, 1995), the American national program inspired by the Perry pre-school project, serves as a reminder that effectiveness in one setting does not guarantee effectiveness in other settings. It is also important

to note that other types of interventions[13] may be helpful at this age. Full-day Kindergarten[14] is an intervention already in place in British Columbia that may be particularly useful for disadvantaged children.

One reason why disadvantaged children fall further behind over time is that their summer losses are higher.[15] Summer enrichment programs are therefore often proposed to reduce the gap in educational outcomes between disadvantaged students and their peers. This may be done in association with other interventions, such as tutoring or family counselling.

Similarly, many types of interventions,[16,17] have been proposed to help older children in school, partly because, as is shown in this report, the differences between disadvantaged children and their peers show up most clearly in this age group. However, because teenagers who volunteer for these programs differ from teenagers who don't (Agodini & Dynarski, 2004), it is not possible to understand the impact of these interventions without a rigorous evaluation.

The Hughes Review (2006) points out that "evaluation provides the information on which sound management decisions can be made" (p. 152). We recommend that the Ministry of Education pilot and evaluate a number of innovative programs to support better educational outcomes for children in care and other vulnerable children.

Recommendation 9: For the Ministry of Education

Pilot and evaluate a number of innovative programs to support better educational outcomes for children in care and other vulnerable children.

[13] One example is home visits to provide help with parenting, especially regarding support for academic achievement. See http://www.mathematica-mpr.com/publications/pdfs/latinosmsbr.pdf

See http://cyfc.uvic.ca/pdf/qsa_children.html

See http://www.summerlearning.org/research/smallsteps.html

For an overview, see http://www.ucf.org/kids/omf/indicator_briefs/dropout_sum.pdf or http://www.nwlrng.pro/connect/actionplan1.html

[17] An American federally funded evaluation summary is available at http://www.mathematica-mpr.com/publications/PDFs/makingdo.pdf

Further study

Children in care have much higher drop-out rates than the general population. We estimate that some 22% drop out of high school by the year they are expected to be in Grade 12. The risk factors predisposing them towards dropping out or not completing school are varied.

The National Survey Comparing School Leavers and High School Dropouts (1995) shows that "above-average leaver rates tended to be associated with those from lone-parent or no-parent families and from families where parents have low levels of educational attainment or blue collar jobs. Similarly, the chances of early leaving were much greater for those who were married, had children, or had disabilities. As well leaver rates were particularly high among Aboriginal people" (p. 11). In addition, Rumberger (1991) identifies pregnancy as an important determinant in females dropping out of high school.

These are risk factors for the children in care population. A large percentage of children in care are of Aboriginal ancestry, have disabilities, and come from lone-parent or no-parent families and from families with low levels of income and educational attainment. The joint report of the Child and Youth Officer and the Provincial Health Officer, *Health and Well-Being of Children in Care in British Columbia: Report 1 on Health Services Utilization and Mortality* (2006) shows that female children in care have four times the general population's rate of teenage pregnancy. A focus on reducing the rate of teenage pregnancy in the children in care population may improve the high school graduation rate, among other benefits.

In contrast to these high drop-out rates are the results of the children in care who have succeeded despite their circumstances. Table 10 shows that of 237 children in care who graduated from high school and qualified for an academic GPA, 95% were college eligible and 46% were university eligible. This is an interesting group because these students have succeeded despite all the challenges that they have faced. Research from the McCreary Centre Society (2006) suggests that these vulnerable youth who are successful have positive relationships at school and with friends. Feeling supported by their school and family is also extremely important for building resilience in these at-risk youth, as well as making them feel safe in their school environment.

We need to understand how children surmount their early vulnerabilities. It is necessary to undertake research to determine the factors that allow children in care to be resilient and successful in school despite their circumstances. But we do know that early intervention through a comprehensive early years program is a sound intervention that reduces problems in later years.

Glossary

Aboriginal: The Ministry of Children and Family Development and the Ministry of Education use essentially the same definition of Aboriginal: people who self-identify as Aboriginal are considered Aboriginal.

Specifically, the Ministry of Children and Family Development's definition of an Aboriginal child is a child

(a) who is registered under the *Indian Act* (Canada),

(b) who has a biological parent who is registered under the *Indian Act*,

(b.1) who is a Nisga'a child,

(c) who is under 12 years of age and has a biological parent who

(i) is of Aboriginal ancestry, and

(ii) considers himself or herself to be Aboriginal, or

(d) who is 12 years of age or over, of Aboriginal ancestry and considers himself or herself to be Aboriginal.

Under this definition, all children who are Status Indian, Non-Status Indian, Inuit or Métis are considered to be of Aboriginal ancestry. In addition, the ministry considers any children in the care of an Aboriginal delegated agency to be Aboriginal.

The Ministry of Education's definition of Aboriginal ancestry is any student who has self-identified as being of Aboriginal ancestry (First Nations – status and non-status Indian; Métis; or Inuit).

academic grade point average: A student's mark in English 12 plus his or her best three provincially examinable courses (excluding Communications 12). This is the measure that the Ministry of Education and Ministry of Advanced Education use to determine what proportion of students is eligible to transition to post-secondary institutions.

continuing care: The government is the sole guardian of a child with all the rights, duties and responsibilities of a parent and has the right to consent to the adoption of a child. (The Public Guardian and Trustee becomes the guardian of the child's estate.) Continuing care usually doesn't end until the child turns 19 or is adopted.

Dogwood diploma: The British Columbia Certificate of Graduation, or "Dogwood Diploma," is awarded upon successful completion of the provincial graduation requirements.

Early Development Instrument (EDI): A population-based tool for assessing the state of childhood development at Kindergarten age on five scale measures of development: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge.

Foundation Skills Assessment (FSA): Tests administered annually to all BC students in Grades 4 and 7 to assess student ability in reading comprehension, writing and numeracy.

general population: This term is used in this report to describe the population of children and youth who have never been in care.

grade point average: The Ministry of Education calculates grade point average based on the best 52 credits that satisfy the requirements for graduation. The grade point scale is A (86–100%) = 4, B (73–85%) = 3, C+ (67–72%) = 2.5, C (60–66%) = 2, C– (50–59%) = 1, and D (0–49%) = 0.

Individual Education Plan (IEP): A written plan, developed for a student with special needs, which describes the program modifications and/or adaptations for the student and the services that are to be provided. It serves as a tool for collaborative planning among the school, the parents, the student (where appropriate) and, as necessary, school district personnel, other ministries and/or community agencies.

Six-Year Dogwood Completion rate: used by the Ministry of Education to estimate the British Columbia graduation rate from high school, and calculated by including the percentage of students who graduate within six years from enrolment in Grade 8 and adjusting for migration in and out of British Columbia.

temporary care: The government has custody of the child on a time-limited basis and unless limited by the court carries out the responsibilities of a guardian except the right to consent to an adoption.

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Appendix A: School Types

Alternative program school	Special programs provided for students who may be unable to adjust to the requirements of regular schools (e.g., timetables, schedules, or traditional classroom environment).
Continuing Education Centre	An education program offered by school districts, primarily for adults, leading to either secondary school completion or the upgrading of a current graduation certificate.
Distance education	Schools previously referred to as correspondence schools.
Provincial Resource Program	Designed for students who, for health or other reasons, cannot attend a regular school.
Distributed learning	The generic term referring to education programs delivered in a variety of ways to a student primarily at a distance from the teacher and school. These programs are delivered using computer-based, online, telecommunications or paper-based course material and instruction.
Youth custody	Facilities where students may have been sent either by court order or during probation.

Appendix B: Study Population

We originally started with 36,882 individuals who had been in care at some point between April 1, 1997 and November 1, 2005, who had birthdates in the period beginning in May 1978 and ending in October 2000. We matched 33,018 of these individuals to the Ministry of Education's system on name, gender and birth date.

A large number of the individuals who were not matched appear to be children who were five years of age in October 2005, when we extracted the original file from the Ministry of Children and Family Development. The Ministry of Education has indicated that a certain percentage of the population does not start school until age six. Other reasons why these individuals would not have matched are mortality, data entry issues (e.g., a child having two birthdates entered), name changes, and children moving out of province.

Once matched, a further 832 individuals were dropped because they could not be uniquely identified.

Our final study population consisted of 32,186 school-aged children who had been in the care of the Ministry of Children and Family Development between April 1, 1997 and November 1, 2005. Of these children, 21,775 were in temporary care and 10,411 were in continuing care. The study population of children in care was evenly split along gender lines, with 50% of the children male and 50% female.

Appendix C: Grade 4 and Grade 7 FSA Participation Rates

Grade 4 FSA participation rates

Table 17: Grade 4 numeracy participation rates by year

Grade 4 Numeracy	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	91%	92%	90%	90%	89%	89%
All children in care	73%	72%	72%	69%	69%	68%
Temporary care	72%	72%	71%	71%	73%	70%
Continuing care	73%	73%	73%	69%	67%	67%
Aboriginal children not in care	85%	84%	83%	80%	81%	80%
Aboriginal children in care	72%	71%	71%	67%	66%	64%
Non-Aboriginal children in care	74%	74%	74%	72%	71%	72%
Female not in care	92%	93%	91%	91%	90%	90%
Female in care	77%	76%	75%	71%	71%	73%
Male not in care	91%	90%	89%	89%	88%	88%
Male in care	68%	69%	69%	68%	67%	64%
Special needs not in care	77%	75%	68%	66%	62%	60%
Special needs in care	64%	61%	58%	57%	51%	49%
Non-special needs in care	86%	86%	87%	83%	82%	82%

Table 18: Grade 4 reading participation rates by year

Grade 4 Reading	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	93%	92%	90%	90%	90%	89%
All children in care	76%	73%	72%	71%	70%	68%
Temporary care	76%	73%	73%	70%	69%	67%
Continuing care	77%	72%	72%	73%	74%	71%
Aboriginal children not in care	87%	84%	82%	81%	82%	80%
Aboriginal children in care	76%	71%	71%	68%	68%	64%
Non-Aboriginal children in care	77%	74%	74%	73%	74%	73%
Female not in care	94%	93%	91%	91%	92%	91%
Female in care	82%	77%	75%	76%	73%	74%
Male not in care	92%	90%	89%	89%	89%	88%
Male in care	71%	69%	70%	67%	68%	64%
Special needs not in care	79%	71%	67%	66%	62%	61%
Special needs in care	68%	62%	58%	57%	51%	47%
Non-special needs in care	89%	86%	87%	85%	85%	83%

Table 19: Grade 4 writing participation rates by year

Grade 4 Writing	2000/01	2001/02	2002/03	2003/04	2004/05
General population	91%	90%	88%	89%	89%
All children in care	72%	70%	67%	68%	68%
Temporary care	73%	71%	66%	67%	67%
Continuing care	71%	69%	71%	72%	70%
Aboriginal children not in care	83%	82%	77%	80%	81%
Aboriginal children in care	71%	68%	63%	63%	64%
Non-Aboriginal children in care	74%	73%	69%	72%	72%
Female not in care	93%	91%	90%	90%	91%
Female in care	78%	73%	73%	72%	75%
Male not in care	90%	89%	86%	87%	87%
Male in care	68%	67%	63%	65%	62%
Special needs not in care	71%	67%	63%	60%	60%
Special needs in care	61%	55%	54%	50%	47%
Non-special needs in care	87%	85%	82%	82%	83%

Grade 7 FSA participation rates

Table 20: Grade 7 numeracy participation rates by year

Grade 7 Numeracy	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	92%	91%	90%	91%	89%	90%
All children in care	72%	69%	67%	61%	63%	65%
Temporary care	72%	69%	67%	62%	64%	64%
Continuing care	71%	68%	68%	64%	61%	67%
Aboriginal children not in care	84%	83%	81%	79%	79%	78%
Aboriginal children in care	70%	65%	62%	60%	61%	63%
Non-Aboriginal children in care	73%	72%	72%	66%	66%	68%
Female not in care	93%	93%	91%	92%	91%	91%
Female in care	75%	73%	70%	66%	66%	66%
Male not in care	92%	90%	89%	90%	88%	88%
Male in care	67%	65%	64%	60%	61%	64%
Special needs not in care	78%	73%	73%	68%	65%	64%
Special needs in care	64%	61%	59%	51%	47%	49%
Non-special needs in care	88%	86%	83%	82%	83%	82%

Table 21: Grade 7 reading participation rates by year

Grade 7 Reading	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	93%	92%	91%	91%	91%	91%
All children in care	76%	71%	69%	65%	68%	71%
Temporary care	76%	72%	69%	64%	69%	70%
Continuing care	75%	70%	71%	66%	66%	74%
Aboriginal children not in care	87%	84%	83%	81%	82%	81%
Aboriginal children in care	75%	68%	65%	62%	63%	69%
Non-Aboriginal children in care	76%	74%	74%	68%	71%	73%
Female not in care	94%	93%	92%	92%	92%	92%
Female in care	79%	76%	73%	69%	71%	72%
Male not in care	92%	91%	89%	89%	89%	89%
Male in care	72%	67%	66%	61%	65%	70%
Special needs not in care	81%	73%	74%	70%	69%	68%
Special needs in care	69%	63%	61%	54%	55%	56%
Non-special needs in care	91%	87%	86%	82%	87%	87%

Table 22: Grade 7 writing participation rates by year

Grade 7 Writing	2000/01	2001/02	2002/03	2003/04	2004/05
General population	92%	90%	90%	89%	89%
All children in care	69%	66%	62%	65%	68%
Temporary care	71%	66%	61%	66%	67%
Continuing care	67%	67%	65%	64%	70%
Aboriginal children not in care	84%	80%	78%	79%	79%
Aboriginal children in care	66%	61%	58%	62%	66%
Non-Aboriginal in care	73%	71%	66%	68%	70%
Female not in care	94%	92%	91%	91%	91%
Female in care	76%	72%	68%	69%	70%
Male not in care	90%	88%	88%	87%	88%
Male in care	63%	61%	57%	62%	66%
Special needs not in care	73%	70%	67%	66%	66%
Special needs in care	61%	57%	51%	50%	52%
Non-special needs in care	87%	84%	80%	84%	85%

Appendix D: Grade 4 and Grade 7 FSA Results (Recommended Method of Reporting)

Grade 4 FSA results (recommended method)

Table 23: Grade 4 students who met or exceeded provincial numeracy standards, by year

Grade 4 Numeracy	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	73%	77%	77%	79%	79%	78%
All children in care	42%	45%	48%	48%	48%	47%
Temporary care	41%	46%	48%	49%	51%	49%
Continuing care	43%	43%	47%	46%	46%	46%
Aboriginal children not in care	52%	59%	59%	68%	63%	59%
Aboriginal children in care	36%	38%	42%	41%	40%	42%
Non-Aboriginal children in care	48%	52%	56%	56%	56%	53%
Female not in care	73%	77%	78%	78%	79%	78%
Female in care	42%	45%	50%	46%	46%	48%
Male not in care	74%	77%	77%	79%	79%	77%
Male in care	42%	43%	47%	49%	49%	46%
Special needs not in care	43%	46%	46%	46%	45%	42%
Special needs in care	34%	34%	33%	34%	33%	28%
Non-special needs in care	54%	59%	64%	62%	60%	61%

Table 24: Grade 4 students who met or exceeded provincial reading standards, by year

Grade 4 Reading	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	74%	72%	72%	70%	73%	71%
All children in care	44%	39%	40%	36%	40%	41%
Temporary care	44%	39%	39%	34%	38%	39%
Continuing care	44%	39%	42%	40%	45%	47%
Aboriginal children not in care	53%	50%	51%	49%	54%	51%
Aboriginal children in care	38%	32%	32%	29%	34%	33%
Non-Aboriginal children in care	50%	47%	51%	43%	49%	50%
Female not in care	78%	75%	76%	74%	76%	74%
Female in care	49%	45%	45%	39%	41%	44%
Male not in care	70%	68%	69%	67%	69%	68%
Male in care	39%	33%	36%	33%	39%	38%
Special needs not in care	42%	37%	37%	33%	35%	37%
Special needs in care	34%	29%	26%	25%	26%	26%
Non-special needs in care	58%	52%	55%	48%	51%	52%

Table 25: Grade 4 students who met or exceeded provincial writing standards, by year

Grade 4 Writing	2000/01	2001/02	2002/03	2003/04	2004/05
General population	84%	85%	84%	81%	84%
All children in care	57%	58%	55%	50%	56%
Temporary care	57%	58%	52%	48%	55%
Continuing care	56%	58%	60%	54%	60%
Aboriginal children not in care	67%	70%	67%	61%	68%
Aboriginal children in care	52%	54%	52%	45%	51%
Non-Aboriginal children in care	61%	63%	58%	56%	62%
Female not in care	88%	88%	87%	86%	88%
Female in care	65%	64%	64%	57%	66%
Male not in care	78%	81%	79%	76%	79%
Male in care	50%	53%	47%	43%	47%
Special needs not in care	51%	53%	48%	40%	46%
Special needs in care	43%	42%	38%	29%	34%
Non-special needs in care	74%	75%	73%	65%	74%

Grade 7 FSA results (recommended method)

Table 26: Grade 7 students who met or exceeded provincial numeracy standards, by year

Grade 7 Numeracy	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	74%	75%	75%	76%	74%	74%
All children in care	38%	38%	39%	39%	38%	37%
Temporary care	39%	38%	38%	38%	39%	37%
Continuing care	37%	38%	41%	42%	37%	38%
Aboriginal children not in care	50%	53%	52%	54%	52%	51%
Aboriginal children in care	32%	31%	32%	34%	32%	31%
Non-Aboriginal children in care	43%	45%	46%	44%	45%	44%
Female not in care	76%	75%	75%	77%	75%	74%
Female in care	40%	39%	40%	40%	38%	36%
Male not in care	73%	75%	74%	76%	74%	75%
Male in care	36%	38%	39%	38%	38%	38%
Special needs not in care	42%	41%	44%	42%	40%	40%
Special needs in care	30%	30%	30%	27%	23%	23%
Non-special needs in care	57%	53%	56%	57%	57%	52%

Table 27: Grade 7 students who met or exceeded provincial reading standards, by year

Grade 7 Reading	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	76%	70%	70%	70%	73%	70%
All children in care	44%	36%	37%	34%	40%	38%
Temporary care	44%	35%	36%	34%	39%	37%
Continuing care	45%	37%	39%	35%	41%	40%
Aboriginal children not in care	55%	50%	48%	47%	51%	46%
Aboriginal children in care	37%	27%	27%	27%	31%	30%
Non-Aboriginal children in care	49%	44%	46%	42%	49%	47%
Female not in care	80%	74%	73%	74%	78%	74%
Female in care	49%	39%	43%	39%	46%	41%
Male not in care	72%	67%	67%	66%	68%	66%
Male in care	39%	33%	31%	30%	34%	35%
Special needs not in care	45%	37%	37%	35%	36%	36%
Special needs in care	36%	27%	29%	24%	27%	26%
Non-special needs in care	62%	53%	53%	51%	56%	50%

Table 28: Grade 7 students who met or exceeded provincial writing standards, by year

Grade 7 Writing	2000/01	2001/02	2002/03	2003/04	2004/05
General population	75%	76%	72%	80%	80%
All children in care	43%	44%	38%	48%	50%
Temporary care	43%	45%	37%	48%	49%
Continuing care	43%	42%	40%	48%	52%
Aboriginal children not in care	54%	55%	50%	61%	60%
Aboriginal children in care	35%	37%	33%	42%	46%
Non-Aboriginal children in care	49%	51%	43%	54%	54%
Female not in care	84%	84%	80%	87%	86%
Female in care	56%	53%	49%	57%	57%
Male not in care	66%	69%	63%	74%	75%
Male in care	30%	34%	28%	40%	43%
Special needs not in care	40%	43%	34%	44%	45%
Special needs in care	32%	35%	25%	31%	33%
Non-special needs in care	63%	61%	59%	70%	67%

Appendix E: Grade 4 and Grade 7 FSA Results as Reported by the Ministry of Education

Grade 4 FSA results (Ministry of Education reporting method)

Table 29: Grade 4 students who met or exceeded provincial numeracy standards, by year (as reported by the Ministry of Education)

Grade 4 Numeracy	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	80%	84%	86%	88%	89%	87%
All children in care	58%	62%	67%	69%	69%	69%
Temporary care	57%	64%	68%	69%	70%	70%
Continuing care	59%	59%	63%	67%	69%	68%
Aboriginal children not in care	62%	70%	71%	75%	77%	74%
Aboriginal children in care	51%	54%	59%	60%	61%	65%
Non-Aboriginal children in care	66%	70%	76%	77%	79%	74%
Female not in care	79%	84%	83%	87%	88%	86%
Female in care	55%	62%	66%	63%	65%	66%
Male not in care	81%	85%	86%	89%	89%	88%
Male in care	62%	62%	67%	72%	74%	74%
Special needs not in care	56%	61%	67%	69%	72%	70%
Special needs in care	54%	56%	58%	61%	60%	58%
Non-special needs in care	61%	68%	74%	75%	74%	74%

Table 30: Grade 4 students who met or exceeded provincial reading standards, by year (as reported by the Ministry of Education)

Grade 4 Reading	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	80%	78%	80%	78%	81%	80%
All children in care	57%	54%	56%	51%	57%	60%
Temporary care	57%	54%	54%	49%	55%	57%
Continuing care	57%	54%	59%	55%	61%	66%
Aboriginal children not in care	61%	60%	62%	60%	65%	64%
Aboriginal children in care	50%	45%	44%	43%	48%	52%
Non-Aboriginal children in care	65%	63%	69%	58%	67%	68%
Female not in care	84%	81%	84%	81%	83%	82%
Female in care	60%	58%	60%	51%	57%	60%
Male not in care	76%	76%	77%	75%	78%	78%
Male in care	54%	50%	52%	50%	58%	61%
Special needs not in care	54%	51%	55%	50%	56%	61%
Special needs in care	50%	47%	45%	43%	50%	54%
Non-special needs in care	65%	60%	63%	56%	60%	62%

Table 31: Grade 4 students who met or exceeded provincial writing standards, by year (as reported by the Ministry of Education)

Grade 4 Writing	2000/01	2001/02	2002/03	2003/04	2004/05
General population	91%	94%	94%	91%	94%
All children in care	79%	83%	81%	73%	83%
Temporary care	78%	82%	80%	72%	82%
Continuing care	80%	84%	84%	75%	86%
Aboriginal children not in care	80%	86%	87%	79%	85%
Aboriginal children in care	74%	80%	80%	68%	80%
Non-Aboriginal children in care	83%	86%	83%	79%	86%
Female not in care	95%	97%	97%	95%	97%
Female in care	84%	87%	88%	80%	88%
Male not in care	87%	91%	92%	87%	91%
Male in care	73%	79%	75%	67%	77%
Special needs not in care	72%	78%	77%	67%	77%
Special needs in care	71%	75%	70%	58%	72%
Non-special needs in care	85%	88%	89%	80%	87%

Grade 7 FSA results (Ministry of Education reporting method)

Table 32: Grade 7 students who met or exceeded provincial numeracy standards, by year (as reported by the Ministry of Education)

Grade 7 Numeracy	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	80%	82%	83%	84%	83%	83%
All children in care	54%	55%	58%	62%	60%	57%
Temporary care	54%	55%	57%	61%	61%	57%
Continuing care	52%	57%	61%	65%	60%	57%
Aboriginal children not in care	59%	63%	65%	68%	66%	66%
Aboriginal children in care	45%	47%	51%	57%	52%	50%
Non-Aboriginal children in care	60%	62%	64%	67%	68%	63%
Female not in care	81%	81%	82%	84%	82%	82%
Female in care	53%	53%	57%	60%	58%	55%
Male not in care	80%	83%	83%	85%	84%	84%
Male in care	54%	58%	60%	64%	63%	59%
Special needs not in care	53%	58%	62%	62%	62%	62%
Special needs in care	47%	49%	52%	54%	49%	46%
Non-special needs in care	65%	64%	67%	70%	69%	64%

Table 33: Grade 7 students who met or exceeded provincial reading standards, by year (as reported by the Ministry of Education)

Grade 7 Reading	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05
General population	81%	76%	77%	77%	81%	77%
All children in care	59%	50%	51%	51%	59%	51%
Temporary care	58%	49%	52%	51%	57%	51%
Continuing care	60%	51%	53%	54%	63%	54%
Aboriginal children not in care	61%	59%	58%	57%	62%	57%
Aboriginal children in care	50%	40%	43%	44%	47%	43%
Non-Aboriginal children in care	65%	59%	62%	61%	69%	65%
Female not in care	84%	79%	80%	81%	85%	81%
Female in care	62%	51%	58%	57%	65%	56%
Male not in care	78%	74%	74%	74%	76%	74%
Male in care	55%	49%	47%	49%	52%	50%
Special needs not in care	56%	50%	51%	49%	51%	52%
Special needs in care	54%	41%	47%	44%	51%	46%
Non-special needs in care	68%	61%	61%	62%	64%	58%

Table 34: Grade 7 students who met or exceeded provincial writing standards, by year (as reported by the Ministry of Education)

Grade 7 Writing	2000/01	2001/02	2002/03	2003/04	2004/05
General population	81%	85%	80%	90%	90%
All children in care	61%	66%	61%	74%	73%
Temporary care	60%	68%	61%	73%	72%
Continuing care	63%	63%	62%	75%	74%
Aboriginal children not in care	65%	69%	64%	77%	77%
Aboriginal children in care	54%	60%	56%	68%	70%
Non-Aboriginal children in care	67%	71%	65%	79%	77%
Female not in care	90%	91%	88%	95%	95%
Female in care	74%	74%	73%	83%	81%
Male not in care	73%	78%	72%	85%	85%
Male in care	47%	56%	48%	64%	64%
Special needs not in care	55%	62%	50%	67%	68%
Special needs not in care	53%	62%	49%	61%	64%
Non-special needs in care	72%	72%	73%	83%	79%

Appendix F: Grade 12 Provincial Exam Results

Table 35: Communications 12 provincial exam results

Communications 12	Percent (%)								Participation	
	A	B	C+	C	C-	F	Pass rate	Mean score	Number	Percent
General population	4%	24%	24%	20%	16%	11%	89%	66	88,917	14%
All children in care	4%	23%	26%	20%	19%	8%	92%	66	1,527	39%
Temporary care	5%	24%	27%	19%	18%	7%	93%	66	883	39%
Continuing care	3%	20%	26%	21%	19%	10%	90%	65	644	38%
Aboriginal not in care	3%	22%	24%	21%	18%	12%	88%	65	9,243	33%
Aboriginal in care	3%	22%	25%	22%	19%	10%	90%	65	516	48%
Non-Aboriginal in care	5%	23%	27%	19%	18%	8%	92%	66	1,011	35%
Female not in care	6%	27%	23%	19%	16%	10%	90%	67	31,842	10%
Female in care	5%	24%	29%	20%	15%	7%	93%	67	816	32%
Male not in care	3%	23%	25%	21%	17%	11%	89%	65	57,075	19%
Male in care	3%	20%	24%	21%	23%	10%	90%	64	711	49%
Special needs not in care	4%	19%	26%	22%	19%	11%	89%	64	11,377	53%
Special needs in care	4%	20%	25%	19%	22%	10%	90%	65	819	58%
Non-special needs in care	4%	25%	28%	22%	14%	7%	93%	67	708	28%

Period: 1991–2006

Table 36: English 12 provincial exam results

English 12	Percent (%)								Participation	
	A	B	C+	C	C-	F	Pass rate	Mean score	Number	Percent
General population	10%	26%	22%	19%	15%	8%	92%	68	548,123	88%
All children in care	5%	19%	23%	24%	20%	10%	90%	65	2,457	62%
Temporary care	5%	19%	23%	24%	19%	10%	90%	65	1,398	61%
Continuing care	5%	18%	23%	23%	22%	9%	91%	65	1,059	63%
Aboriginal not in care	5%	18%	22%	24%	21%	11%	89%	64	19,197	69%
Aboriginal in care	4%	12%	20%	25%	25%	13%	87%	62	569	53%
Non-Aboriginal in care	5%	20%	24%	23%	19%	8%	92%	66	1,888	66%
Female not in care	13%	29%	22%	17%	12%	7%	93%	70	287,321	92%
Female in care	5%	19%	24%	23%	20%	8%	92%	65	1,704	68%
Male not in care	7%	22%	22%	21%	18%	10%	90%	66	260,800	85%
Male in care	4%	17%	23%	24%	20%	13%	87%	63	753	52%
Special needs not in care	5%	13%	20%	25%	22%	14%	86%	63	10,547	50%
Special needs in care	4%	14%	18%	27%	24%	13%	87%	63	611	44%
Non-special needs in care	5%	20%	25%	23%	19%	8%	92%	66	1,844	72%

Period: 1991–2006

Table 37: Biology 12 provincial exam results

Biology 12	Percent (%)								Participation	
	A	B	C+	C	C-	F	Pass rate	Mean score	Number	Percent
General population	18%	21%	11%	12%	19%	18%	82%	66	219,034	15%
All children in care	6%	14%	12%	10%	29%	30%	70%	58	662	17%
Temporary care	8%	14%	11%	8%	26%	33%	69%	58	358	16%
Continuing care	5%	13%	10%	12%	32%	29%	71%	57	304	18%
Aboriginal not in care	8%	15%	10%	11%	24%	30%	70%	59	6,158	22%
Aboriginal in care	2%	11%	12%	11%	26%	37%	63%	54	121	11%
Non-Aboriginal in care	7%	14%	12%	9%	29%	28%	72%	59	539	19%
Female not in care	18%	22%	11%	12%	19%	18%	82%	66	140,564	45%
Female in care	6%	14%	12%	10%	28%	31%	69%	57	503	20%
Male not in care	19%	20%	11%	12%	20%	18%	82%	67	78,470	26%
Male in care	9%	15%	10%	9%	31%	25%	75%	59	159	11%
Special needs not in care	11%	16%	10%	11%	24%	29%	71%	60	2,595	12%
Special needs in care	4%	10%	10%	11%	32%	33%	67%	55	115	8%
Non-special needs in care	7%	15%	12%	9%	28%	29%	71%	58	547	21%

Period: 1991–2006

Table 38: Chemistry 12 provincial exam results

Chemistry 12	Percent (%)								Participation	
	A	B	C+	C	C-	F	Pass rate	Mean score	Number	Percent
General population	24%	25%	13%	12%	14%	13%	87%	70	174,245	28%
All children in care	9%	23%	13%	12%	21%	22%	78%	63	211	5%
Temporary care	9%	20%	13%	13%	17%	27%	73%	61	121	5%
Continuing care	9%	28%	14%	8%	26%	15%	85%	65	88	5%
Aboriginal not in care	10%	28%	13%	14%	22%	22%	78%	63	2,512	9%
Aboriginal in care	7%	13%	17%	13%	13%	37%	63%	57	30	3%
Non-Aboriginal in care	9%	25%	13%	12%	22%	19%	81%	63	181	6%
Female not in care	22%	26%	13%	12%	14%	12%	88%	70	85,736	27%
Female in care	6%	25%	13%	8%	21%	25%	75%	61	125	5%
Male not in care	25%	25%	12%	11%	14%	13%	87%	71	88,509	29%
Male in care	13%	21%	14%	17%	17%	17%	83%	65	86	6%
Special needs not in care	18%	21%	12%	12%	17%	18%	82%	66	1,148	5%
Special needs not in care	0%	24%	16%	16%	28%	16%	84%	61	25	2%
Non-special needs in care	10%	23%	13%	11%	20%	23%	77%	63	186	7%

Period: 1991–2006

Table 39: Physics 12 provincial exam results

Physics 12	Percent (%)								Participation	
	A	B	C+	C	C-	F	Pass rate	Mean score	Number	Percent
General population	25%	25%	12%	11%	13%	14%	86%	71	102,879	17%
All children in care	10%	21%	17%	10%	20%	21%	79%	63	89	2%
Temporary care	12%	18%	19%	11%	26%	14%	86%	65	57	3*
Continuing care	6%	28%	13%	9%	9%	34%	66%	61	32	2%
Aboriginal not in care	13%	20%	14%	13%	19%	21%	79%	64	1,234	4%
Aboriginal in care	9%	18%	9%	0%	27%	36%	64%	59	11	1%
Non-Aboriginal in care	10%	22%	18%	12%	19%	19%	81%	64	78	1%
Female not in care	24%	28%	13%	11%	12%	11%	89%	72	30,922	10%
Female in care	4%	39%	22%	0%	9%	26%	74%	66	23	1%
Male not in care	25%	24%	12%	11%	13%	15%	85%	70	71,957	23%
Male in care	12%	15%	15%	14%	24%	20%	80%	62	66	5%
Special needs not in care	16%	21%	14%	12%	18%	20%	80%	65	817	4%
Special needs in care	0%	0%	33%	8%	42%	17%	83%	56	12	1%
Non-special needs in care	12%	25%	14%	10%	17%	22%	78%	64	77	3%

Period: 1991–2006

Table 40: Mathematics 12 provincial exam results

Mathematics 12	Percent (%)								Participation	
	A	B	C+	C	C-	F	Pass rate	Mean score	Number	Percent
General population	21%	23%	12%	13%	16%	15%	85%	69	281,673	45%
All children in care	10%	20%	11%	16%	19%	25%	75%	62	325	8%
Temporary care	10%	23%	10%	15%	18%	25%	75%	62	186	8%
Continuing care	9%	16%	13%	17%	21%	24%	76%	61	139	8%
Aboriginal not in care	8%	17%	11%	16%	21%	27%	73%	60	4,380	16%
Aboriginal in care	0%	17%	14%	19%	31%	19%	81%	57	36	3%
Non-Aboriginal in care	11%	20%	11%	15%	18%	25%	75%	62	289	10%
Female not in care	21%	25%	12%	13%	13%	14%	86%	69	131,251	42%
Female in care	8%	20%	13%	17%	21%	21%	79%	62	169	7%
Male not in care	22%	22%	11%	13%	16%	16%	84%	68	150,422	49%
Male in care	11%	20%	10%	14%	17%	28%	72%	61	1561	1%
Special needs not in care	14%	19%	13%	15%	17%	22%	78%	64	2,319	11%
Special needs in care	8%	14%	16%	16%	20%	26%	74%	60	50	4%
Non-special needs in care	10%	21%	11%	16%	19%	24%	76%	62	275	11%

Period: 1991–2006

Table 41: Geography 12 provincial exam results

Geography 12	Percent (%)								Participation	
	A	B	C+	C	C-	F	Pass rate	Mean score	Number	Percent
General population	15%	28%	18%	18%	14%	8%	92%	70	140,046	23%
All children in care	7%	27%	20%	20%	17%	10%	90%	66	387	10%
Temporary care	8%	28%	18%	19%	16%	11%	89%	67	208	9%
Continuing care	6%	25%	21%	21%	18%	10%	90%	66	179	11%
Aboriginal not in care	8%	23%	19%	20%	17%	12%	88%	66	4,021	15%
Aboriginal in care	5%	24%	23%	20%	14%	14%	86%	65	92	9%
Non-Aboriginal in care	7%	27%	19%	20%	18%	9%	91%	67	295	10%
Female not in care	14%	27%	18%	18%	15%	9%	91%	69	70,117	22%
Female in care	6%	26%	19%	22%	19%	9%	91%	66	243	10%
Male not in care	15%	29%	19%	18%	12%	6%	94%	71	69,929	23%
Male in care	8%	28%	22%	17%	13%	13%	88%	67	144	10%
Special needs not in care	12%	28%	20%	19%	12%	8%	92%	69	2,105	10%
Special needs in care	5%	25%	19%	16%	17%	17%	83%	64	63	4%
Non-special needs in care	7%	27%	20%	21%	17%	9%	91%	67	324	13%

Period: 1991–2006

Table 42: History 12 provincial exam results

History 12	Percent (%)						Pass rate	Mean score	Participation	
	A	B	C+	C	C-	F			Number	Percent
General population	15%	24%	17%	17%	17%	11%	89%	68	136,286	22%
All children in care	6%	15%	15%	18%	23%	23%	77%	60	421	11%
Temporary care	8%	15%	19%	14%	23%	20%	80%	61	215	9%
Continuing care	4%	14%	12%	22%	22%	26%	74%	59	206	12%
Aboriginal not in care	7%	17%	15%	17%	21%	21%	79%	61	4,024	15%
Aboriginal in care	5%	11%	12%	12%	26%	35%	65%	56	84	8%
Non-Aboriginal in care	7%	16%	16%	20%	22%	20%	80%	62	337	12%
Female not in care	14%	22%	16%	16%	18%	13%	87%	67	68,857	22%
Female in care	5%	14%	13%	17%	22%	29%	71%	59	259	10%
Male not in care	15%	25%	17%	17%	16%	9%	91%	69	67,429	22%
Male in care	7%	15%	20%	20%	23%	14%	86%	63	162	11%
Special needs not in care	12%	21%	17%	16%	19%	14%	86%	66	2,201	10%
Special needs in care	9%	15%	12%	12%	29%	24%	76%	59	68	5%
Non-special needs in care	6%	15%	16%	19%	21%	23%	77%	61	353	14%

Period: 1991–2006

Appendix G: Special Needs Funding by the Ministry of Education

Basic	Standard amount of money allocated to students per year	Mild intellectual disability Moderate behaviour support/Mental illness Gifted Learning disability
Level 1	An additional $32,000 per FTE	Dependent handicapped Deaf/blind
Level 2	An additional $16,000 per FTE	Moderate to profound intellectually disabled Physically disabled, chronic health impaired Visually impaired Deaf/hearing impaired Autism spectrum disorder
Level 3	An additional $8,000 per FTE	Intensive behaviour interventions Serious mental illness

Source: http://www.bced.gov.bc.ca/policy/policies/funding_special_needs.htm

Appendix H: Intensive Behavioural Intervention and Serious Mental Illness Needs

According to *Special Education Services: A Manual of Policies, Procedures and Guidelines* (Ministry of Education, July 2006), students who require an Intensive Behavioural Intervention must exhibit:

- antisocial, extremely disruptive behaviour in most environments (for example, classroom, school, family, and the community); and
- behaviours that are consistent/persistent over time.

Students with Serious Mental Illness needs must exhibit:

- serious mental health conditions which have been diagnosed by a qualified mental health clinician (psychologist with appropriate training, psychiatrist, or physician); and
- serious mental illnesses which manifest themselves in profound withdrawal or other negative internalizing behaviours.

These students often have histories of profound problems, and present as very vulnerable, fragile students who are seriously "at risk" in classroom and other environments without extensive support.

In addition to satisfying these conditions, their behaviour disorders and or mental illness must be:

- serious enough to be known to school and school district personnel and other community agencies and to warrant intensive interventions by other community agencies/service providers beyond the school; and
- a serious risk to the student or others, and/or with behaviours or conditions that significantly interfere with the student's academic progress and that of other students; and
- beyond the normal capacity of the school to educate, provided "normal capacity" is seen to include the typical special education support/interventions such as school-based counselling, moderate behaviour supports, the use of alternative settings, and other means in the school environment.

Each of the students in the Intensive Behavioural Intervention/Serious Mental Illness category requires an individual education plan designed to establish a series of steps and resources to build upon the strengths of the student and to address his or her special needs.

How to Reach Us

Representative for Children and Youth

By phone

In Victoria call 356-6710
Elsewhere in BC call
1-800-476-3933

By email

rcy@rcybc.ca

By fax

Victoria: (250) 356-0837
Vancouver: (604) 775-3205

By mail

PO Box 9207 Stn Prov Govt
Victoria BC V8W 9J1

At our offices

Vancouver
901-808 West Hastings Street

Victoria
4th Floor, 1019 Wharf Street

www.rcybc.ca

Office of the Provincial Health Officer

By phone

(250) 952-1330
PHO does not have a toll-free number

By email

andrea.berkes@gov.bc.ca

By fax

(250) 952-1362

By mail

4-2, 1515 Blanshard Street
Victoria BC V8W 3C8

At our office

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www.health.gov.bc.ca/pho/